

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600608

FILED
Apr 29, 2004
Secretary of State

Entity Name: OB/GYN SPECIALISTS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1515 N FLAGLER DR
STE 700
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 N FLAGLER DR
STE 700
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-1227717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURIGO, JOHN A M.D.
1515 N FLAGLER DRIVE
SUITE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, DEBRA MD
Address: 1515 N FLAGLER DR STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: KOCH, RONALD MD
Address: 1515 N FLAGLER DR STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD () Delete
Name: BURIGO, JOHN A MD
Address: 1515 N FLAGLER DR STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: ROSS, SHARON MD
Address: 1515 N FLAGLER DR STE. 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: GORDON, ROBERT C MD
Address: 1515 N FLAGLER DR STE. 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: FERN, STEVEN MD
Address: 1515 N FLAGLER DR., SUITE 700
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD GOODMAN, MD

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date

MELISSA CARLSON, MD
1515 N FLAGLER DRIVE
SUITE 700
WEST PALM BEACH, FL 33401

HOWARD GOODMAN, MD
1515 N FLAGLER DRIVE
SUITE 700
WEST PALM BEACH, FL 33401