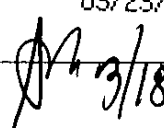
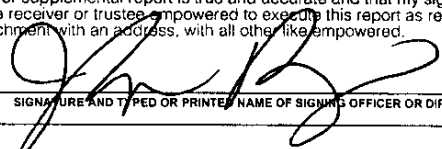


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 600608 1. Entity Name OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.						FILED 08 MAR 17 AM 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401				Mailing Address 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BURIGO, JOHN A M.D. 1515 N FLAGLER DRIVE SUITE 700 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, DEBRA MD ☒ Delete 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ☒ Change ☐ Addition JONES, DEBRA MD 1515 N. FLAGLER DR. STE 700 WEST PALM BEACH FL 33401		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOCH, RONALD MD ☐ Delete 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800121256158 03/25/08--01057--013 **\$61.25 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BURIGO, JOHN A MD ☐ Delete 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLSON, MELISSA E MD ☐ Delete 1515 N FLAGLER DR STE 700 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GORDON, ROBERT C MD ☒ Delete 1515 N FLAGLER DR STE. 700 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ☒ Change ☐ Addition GORDON, ROBERT DO 1515 N. FLAGLER DR. STE 700 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERN, STEVEN MD ☐ Delete 1515 N FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  3/11/08 5612545000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT
ADDITIONAL OFFICERS & DIRECTORS**

DOCUMENT # 600608

OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.

**1515 N. FLAGLER DRIVE, SUITE 700
WEST PALM BEACH, FL 33401**

Additional Officers and Directors		Additional Officers and Directors	
Title	D	Title	D
Name	PORTER, WILLIAM MD	Name	VAN GILDER, KELLY DO
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	MOREL, MARIE MD	Name	WESTON, LAURA MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	PASS, JULIE MD	Name	FALZONE, SAMUEL MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	COOK, KATHLEEN MD	Name	KILEY, LINDA MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D	Title	D
Name	FISHMAN, LOEL MD	Name	PINELLI, DONNA MD
Street Address	1515 N. FLAGLER DR, STE 700	Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401	City-St-Zip	WEST PALM BEACH, FL 33401
Title	D		
Name	IANNACCONE, VICTOR MD		
Street Address	1515 N. FLAGLER DR, STE 700		
City-St-Zip	WEST PALM BEACH, FL 33401		