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

03112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1227717 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURIGO, JOHN A M.D. 1515 N FLAGLER DRIVE SUITE 700 WEST PALM BEACH, FL 33401	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	D ☒ Delete	TITLE	SD ☒ Change ☐ Addition
NAME	JONES, DEBRA MD	NAME	JONES, DEBRA 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOCH, RONALD MD	NAME	800121256158
STREET ADDRESS	1515 N FLAGLER DR STE 700	STREET ADDRESS	03/25/08--01057--013 **61.25
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	3/18 ☐ Change ☐ Addition
NAME	BURIGO, JOHN A MD	NAME	
STREET ADDRESS	1515 N FLAGLER DR STE 700	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARLSON, MELISSA E MD	NAME	
STREET ADDRESS	1515 N FLAGLER DR STE 700	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	STD ☒ Delete	TITLE	TD ☒ Change ☐ Addition
NAME	GORDON, ROBERT C MD	NAME	GORDON, ROBERT 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERN, STEVEN MD	NAME	
STREET ADDRESS	1515 N FLAGLER DR., SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	

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: _____ 3/11/08 561 254 5000
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	
Title	D
Name	PORTER, WILLIAM MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	MOREL, MARIE MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	PASS, JULIE MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	COOK, KATHLEEN MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	FISHMAN, LOEL MD
Street Address	1515 N. FLAGLER DR, STE 700
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

Additional Officers and Directors	
Title	D
Name	VAN GILDER, KELLY DO
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	WESTON, LAURA MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	FALZONE, SAMUEL MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	KILEY, LINDA MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401
Title	D
Name	PINELLI, DONNA MD
Street Address	1515 N. FLAGLER DR, STE 700
City-St-Zip	WEST PALM BEACH, FL 33401