## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 600608** 

FILED Jan 03, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2979 PGA BLVD, #100 2979 PGA BLVD, #200

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

2979 PGA BLVD, #100 2979 PGA BLVD, #200

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

FEI Number: 59-1227717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURIGO, JOHN A M.D.

1515 N FLAGLER DRIVE
SUITE 700

BURIGO, JOHN A M.D.
2979 PGA BLVD
SUITE 200

WEST PALM BEACH, FL 33401 US PALM BEACH GARDENS, FL 33410 US

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: 01/03/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: SD

Name: JONES, DEBRA MD

Address: 1515 N FLAGLER DR STE 700 City-St-Zip: WEST PALM BEACH, FL 33401

Title:

Name: KOCH, RONALD MD

Address: 1515 N FLAGLER DR STE 700 City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD

Name: BURIGO, JOHN A MD Address: 2979 PGA BLVD, #200

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD

 Name:
 GORDON, ROBERT DO

 Address:
 1515 N FLAGLER DR STE 700

 City-St-Zip:
 WEST PALM BEACH, FL 33401

Title: TD

Name: FERN, STEVEN MD

Address: 1515 N FLAGLER DR STE. 700 City-St-Zip: WEST PALM BEACH, FL 33401

Title: CAO Name: GOLD, JEFF

Address: 4581 WESTON RD #263 City-St-Zip: WESTON, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: JOHN BURIGO PD 01/03/2012