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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600725

1. Corporation Name
OBSTETRICS & GYNECOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

Principal Place of Business
314 HOSPITAL AVENUE
STUART, FL 34994-2338

Mailing Address
314 HOSPITAL AVENUE
STUART, FL 34994-2338

3. Date Incorporated or Qualified: 01/02/1969
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1227509 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
THOMSON, ALTON L. M.D.
314 HOSPITAL AVENUE
STUART, FL 34994

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	THOMSON, ALTON L. JR.	
STREET ADDRESS	314 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	VPD	☐ DELETE
NAME	PARE, ROBERT H. JR.	
STREET ADDRESS	314 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	SD	☐ DELETE
NAME	MACKENZIE, ROBERT D.	
STREET ADDRESS	314 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	TD	☐ DELETE
NAME	BOLAND, NEIL C.	
STREET ADDRESS	314 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	VPD	☐ DELETE
NAME	MICHAUD, MARY B.	
STREET ADDRESS	314 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ 4/25/97 561-287-5590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALTON L. THOMSON, JR.