

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600725 (6)
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1027 E. Ocean Suite, Apt. #, etc. 22 City & State 23 Stuart, FL Zip 24 34996 Country 25		2a. Mailing Address 26 1027 E Ocean Suite, Apt. #, etc. 27 City & State 28 Stuart, FL Zip 29 34996 Country 30		3. Date Incorporated or Qualified 01/02/1969	
4. FEI Number 59-1227509		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THOMSON, ALTON L. M.D. 314 SE HOSPITAL AVE. STUART FL 34994		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1027 E. Ocean 83 84 City Stuart FL 85 Zip Code 34996	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, ALTON L. JR. M	1.2 NAME	
STREET ADDRESS	314 HOSPITAL AVE.	1.3 STREET ADDRESS	1027 E. Ocean
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARE, ROBERT H. J. M.D.	2.2 NAME	
STREET ADDRESS	314 HOSPITAL AVE.	2.3 STREET ADDRESS	1027 E. Ocean
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARE, ROBERT H. M	3.2 NAME	
STREET ADDRESS	314 HOSPITAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, ROBERT D. M	4.2 NAME	
STREET ADDRESS	314 SE HOSPITAL AVE.	4.3 STREET ADDRESS	1027 E. Ocean
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, NEIL C. M	5.2 NAME	
STREET ADDRESS	314 SE HOSPITAL AVE.	5.3 STREET ADDRESS	1027 E. Ocean
CITY-ST-ZIP	STUART FL 34994	5.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, MARY B	6.2 NAME	
STREET ADDRESS	314 HOSPITAL AVE	6.3 STREET ADDRESS	1027 E. Ocean
CITY-ST-ZIP	STUART FL 34994	6.4 CITY-ST-ZIP	Stuart, FL 34996

14. I 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: _____

2-6-98

CP2E034 (1097)