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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 600725			
1. Corporation Name OBSTETRICS & GYNECOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.			
Principal Place of Business 1027 E OCEAN STUART FL 34996 US		Mailing Address 1027 EAST OCEAN STUART FL 34996 US	
2. Principal Place of Business 21 3498 NW Federal Hwy Suite, Apt. #, etc.		2a. Mailing Address 26 3498 NW Federal Hwy Suite, Apt. #, etc.	
22 City & State 23 Jensen Beach FL Zip Country 24 34957 25		27 City & State 28 Jensen Beach FL Zip Country 29 34957 30	
9. Name and Address of Current Registered Agent THOMSON, ALTON L. M.D. 1027 E OCEAN STUART FL 34996			
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	<input type="checkbox"/> DELETE	
NAME	THOMSON, ALTON L. JR. M		
STREET ADDRESS	1027 E OCEAN		
CITY-ST-ZIP	STUART FL 34996		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	PARE, ROBERT H. J. M.D.		
STREET ADDRESS	1027 E OCEAN BLVD		
CITY-ST-ZIP	STUART FL 34996		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	PARE, ROBERT H. M		
STREET ADDRESS	314 HOSPITAL AVE.		
CITY-ST-ZIP	STUART FL 34994		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	MACKENZIE, ROBERT D. M		
STREET ADDRESS	1027 E OCEAN		
CITY-ST-ZIP	STUART FL 34996		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	BOLAND, NEIL C. M		
STREET ADDRESS	1027 E OCEAN		
CITY-ST-ZIP	STUART FL 34996		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	MICHAUD, MARY B		
STREET ADDRESS	1027 E OCEAN		
CITY-ST-ZIP	STUART FL 34996		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

Daytime Phone #

CR2E034 (11/98)