FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **649549** (3)

1. Corporation Name
OB & GYN SPECIALISTS, P.A.

600001423556
-03/07/95--01142--014
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1551 CLAY STREET WINTER PARK FL 32789	1551 CLAY STREET WINTER PARK FL 32789

3. Date Incorporated or Qualified: **01/01/1980**
3a. Date of Last Report: **07/20/1994**

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: **59-1960318** ☐ 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

DIEBEL, N DONALD
1551 CLAY STREET
WINTER PARK, FL
32789

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☒ Change ☐ Addition
NAME	LAZAR, ARNOLD J	1.2 NAME	
STREET ADDRESS	~~940 VERSAILES CIRCLE~~	1.3 STREET ADDRESS	668 Bentley Court
CITY-ST-ZIP	MAITLAND, FL 00000	1.4 CITY-ST-ZIP	ZIP 32751
TITLE	DP	2.1 TITLE	☐ Change ☒ Addition
NAME	DIEBEL, N DONALD	2.2 NAME	
STREET ADDRESS	1150 VIA LUGANO	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 0	2.4 CITY-ST-ZIP	ZIP - 32789
TITLE	DCB	3.1 TITLE	☐ Change ☒ Addition
NAME	STROUP, MICHAEL J	3.2 NAME	
STREET ADDRESS	431 TIMBER RIDGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	3.4 CITY-ST-ZIP	ZIP - 32779
TITLE	DVP	4.1 TITLE	☐ Change ☒ Addition
NAME	EPLEY, SUSAN L.	4.2 NAME	
STREET ADDRESS	602 QUINWOOD LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNPARK FL	4.4 CITY-ST-ZIP	ZIP 32751
TITLE	DS	5.1 TITLE	☒ Change ☐ Addition
NAME	WILSTRUP, MARK A.	5.2 NAME	
STREET ADDRESS	~~4209 ARBOR OAK CT.~~	5.3 STREET ADDRESS	1112 READING DRIVE
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	ZIP - 32804, ORLANDO FL
TITLE	DVP	6.1 TITLE	☐ Change ☒ Addition
NAME	MERVIS, MATTHEW R	6.2 NAME	
STREET ADDRESS	773 TERRA PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	ZIP 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: N Donald Diebel 1-13-95 (407)644-5371
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
N. DONALD DIEBEL

3/3

600380 OF