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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 649549 (3)

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

Principal Place of Business
1551 CLAY STREET
WINTER PARK FL 32789

Mailing Address
1551 CLAY STREET
WINTER PARK FL 32789-5470

3. Date Incorporated or Qualified: 01/01/1980
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

TITLE	DT	☐ DELETE
NAME	LAZAR, ARNOLD J	
STREET ADDRESS	668 BENTLEY COURT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DP	☐ DELETE
NAME	DIEBEL, N DONALD	
STREET ADDRESS	1150 VIA LUGANO	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DCB	☒ DELETE
NAME	STROUP, MICHAEL J	
STREET ADDRESS	431 TIMBER RIDGE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DVP	☐ DELETE
NAME	EPLEY, SUSAN L.	
STREET ADDRESS	802 QUINWOOD LN.	
CITY-ST-ZIP	FERNPARK FL 32751	
TITLE	DS	☐ DELETE
NAME	WILSTRUP, MARK A.	
STREET ADDRESS	1112 READING DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DVP	☐ DELETE
NAME	MERVIS, MATTHEW R	
STREET ADDRESS	773 TERRA PLACE	
CITY-ST-ZIP	MAITLAND FL 32751	

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	D	☐ Change ☒ Addition
3.2 NAME	CAROUCCI, TERESA	
3.3 STREET ADDRESS	1551 CLAY STREET	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
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		

CR2E034 (9/96)

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: N. D. Diebel, MD — 3/18/97 — 407-644-5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #