


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90460 026 \*\*\*150.00

<b>DOCUMENT # 649549</b>					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1960318	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIEBEL, N DONALD 1551 CLAY STREET WINTER PARK, FL 32789			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIEBEL, N DONALD	NAME			
STREET ADDRESS	1551 CLAY STREET	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAZAR, ARNOLD	NAME			
STREET ADDRESS	1551 CLAY STREET	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDUCCI, TERESA	NAME	Carducci, Theresa		
STREET ADDRESS	1551 CLAY STREET	STREET ADDRESS	1551 Clay Street		
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSTRUP, MARK A.	NAME			
STREET ADDRESS	1551 CLAY STREET	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	DAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERVIS, MATTHEW	NAME			
STREET ADDRESS	1551 CLAY STREET	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOGAN, SHERYL	NAME			
STREET ADDRESS	1551 CLAY STREET	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4/27/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

OB & GYN SPECIALISTS, P.A.

DOCUMENT # 649549

2005 UNIFORM BUSINESS REPORT ( UBR )  
BLOCK 11

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
DIR/ VICE PRES	MARNIQUE JONES	1551 CLAY STREET	WINTER PARK	FLORIDA	32789
DIR/ VICE PRES	DENNISE DURKEE	1551 CLAY STREET	WINTER PARK	FLORIDA	32789
DIR/ VICE PRES	MICHAEL BARTFIELD	1551 CLAY STREET	WINTER PARK	FLORIDA	32789
DIR/ VICE PRES	ANN MARIE D'HEUREUX-JONES	1551 CLAY STREET	WINTER PARK	FLORIDA	32789

ATTACHMENT

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