

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90067 001 ***150.00

DOCUMENT # 649549

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

40089034



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1960318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DIEBEL, N DONALD
1551 CLAY STREET
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
LAZAR, ARNOLD
1551 CLAY STREET
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
CARDUCCI, TERESA
1551 CLAY STREET
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
WILSTRUP, MARK A.
1551 CLAY STREET
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAT
MERVIS, MATTHEW
1551 CLAY STREET
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
LOGAN, SHERYL
1551 CLAY STREET
WINTER PARK, FL 32789

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.D. ADMINISTRATOR

4/28/06

Date

407-644-5371

Daytime Phone #

OB & GYN SPECIALISTS, P.A.
DOCUMENT # 649549
2005 UNIFORM BUSINESS REPORT (UBR)
BLOCK 11

ATTACHMENT

40089094

<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
DIR/ VICE PRES	AMANPREET BHULLAR	1551 CLAY STREET	WINTER PARK	FLORIDA	32789