


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90833 020 \*\*\*150.00

<b>DOCUMENT # 649549</b> 1. Entity Name <b>OB &amp; GYN SPECIALISTS, P.A.</b>					
Principal Place of Business <b>1551 CLAY STREET WINTER PARK, FL 32789</b>			Mailing Address <b>1551 CLAY STREET WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1960318</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIEBEL, N DONALD 1551 CLAY STREET WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIEBEL, N DONALD 1551 CLAY STREET WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LAZAR, ARNOLD 1551 CLAY STREET WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CARDUCCI, TERESA 1551 CLAY STREET WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILSTRUP, MARK A. 1551 CLAY STREET WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAT MERVIS, MATTHEW 1551 CLAY STREET WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LOGAN, SHERYL 1551 CLAY STREET WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
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			
Date		Daytime Phone #			

40092808



04202007 Chg-P CR2E034 (12/06)

OB & GYN SPECIALISTS, P.A.  
DOCUMENT # 649549  
2007 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
DIR/ VICE PRES	AMANPREET BHULLAR	1551 CLAY STREET	WINTER PARK	FLORIDA	32789

ATTACHMENT  
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#649549