

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 649549

FILED
Dec 18, 2009
Secretary of State

Entity Name: OB & GYN SPECIALISTS, P.A.

Current Principal Place of Business:

1551 CLAY STREET
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1551 CLAY STREET
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1960318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DIEBEL, N. DONALD M.D.
1551 CLAY STREET
WINTER PARK, FL 32789 US

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.

SIGNATURE: N. DONALD DIEBEL, M.D.

12/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIEBEL, N DONALD
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

Title: DT () Delete
Name: LAZAR, ARNOLD
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

Title: DVP () Delete
Name: CARDUCCI, TERESA
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

Title: DS () Delete
Name: WILSTRUP, MARK A.
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

Title: DAT () Delete
Name: MERVIS, MATTHEW
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

Title: DVP () Delete
Name: LOGAN, SHERYL
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: CARDUCCI, TERESA
Address: 1551 CLAY STREET
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. DONALD DIEBEL, M.D.

PRES

12/18/2009

Electronic Signature of Signing Officer or Director

Date