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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733434

1. Corporation Name

OB-GYN SEMINARS, INC.

Principal Place of Business

5934 N.E. 65TH ST.
SILVER SPRINGS FL 34488
US

Mailing Address

5934 N.E. 65TH ST.
SILVER SPRINGS FL 34488
US



2. Principal Place of Business

21 1247 S.E. 10th Avenue

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip

Country

24 34471

25

USA

2a. Mailing Address

26 1247 S.E. 10th Avenue

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

Zip

Country

29 34471

30

USA

3. Date Incorporated or Qualified

06/19/1984

4. FEI Number

59-1686622

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

9. Name and Address of Current Registered Agent

LITTLE, ROBERT A.
5934 N.E. 65TH ST.
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name

Robert A. Little

82 Street Address (P.O. Box Number is Not Acceptable)

1247 S.E. 10th Avenue

83

84 City

Ocala

FL

85 Zip Code

34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert A. Little

Robert A. Little

1/31/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LITTLE, ROBERT A.

STREET ADDRESS 5934 N.E. 65TH ST.

CITY-ST-ZIP SILVER SPRINGS FL

Address Change

TITLE D ☐ DELETE

NAME FERNANDEZ-ROCHA, LUIS DR

STREET ADDRESS 3661 S. MIAMI AVE.

CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME LITTLE, BARBARA

STREET ADDRESS 16715 S.W. 82ND CT.

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MUNSICK, ROBERT

STREET ADDRESS 9540 FORDHAM ST.

CITY-ST-ZIP INDIANAPOLIS IN

TITLE D ☐ DELETE

NAME MOLLOY, DAVID

STREET ADDRESS 17422 E. FLAT ROCK DR.

CITY-ST-ZIP FOUNTAIN HILLS AZ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1247 S.E. 10th Avenue

Ocala, FL 34471

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 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

1/31/99 352-854-4166

CR2E037 (11/98)