

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB -9 AM 11:23

DOCUMENT # A31856 1. Entity Name OBGYN ASSOCIATES OF OSCEOLA, LTD.					
Principal Place of Business 610 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741			Mailing Address 610 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3080272	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S. 1212 COURT STREET, SUITE B CLEARWATER, FL 34616				7. Name and Address of New Registered Agent Name <u>DOUGLAS G. WINGER</u> Street Address (P.O. Box Number is Not Acceptable) <u>610 OAK COMMONS BLVD.</u> City <u>KISSIMMEE, FL</u> <u>FL</u> Zip Code <u>34741</u>	
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 <u>Douglas G. Winger</u> <u>2/04/05</u> <small>Signature, typed or printed name of registered agent and date, if applicable.</small>					
9. Capital Contributions as Shown on record. \$98,137.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	G59512		STREET ADDRESS		
NAME	OBST. & GYN. ASSOC., P.A.		CITY - ST - ZIP		
STREET ADDRESS	610 OAK COMMONS BLVD.		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
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CITY - ST - ZIP			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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. SIGNATURE: <u>Douglas G. Winger</u> <u>2/4/05</u> <u>407-846-7200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE