FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 12:14

DOCUMENT # **F01758** **(4)**

1. Corporation Name
LAKELAND OB-GYN, P.A.

Principal Place of Business	Mailing Address
% ELLIE MARIA HARTOG, MD 1733 LAKELAND HILLS BLVD LAKELAND FL 33805	% ELLIE MARIA HARTOG, MD 1733 LAKELAND HILLS BLVD LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1980
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business	2a. Mailing Address
21 LAKELAND OB-GYN, P.A.	26 LAKELAND OB-GYN, P.A.
Suite, Apt. #, etc. 22 1733 LAKELAND HILLS BLVD.	Suite, Apt. #, etc. 27 1733 LAKELAND HILLS BLVD.
City & State 23 LAKELAND, FL	City & State 28 LAKELAND, FL
Zip: 24 33805 Country: 25 U.S.A.	Zip: 29 33805 Country: 30 U.S.A.

4. FEI Number: 59-2026448 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARTOG, ELLIE MARIA, M.D.
1733 LAKELAND HILLS BL
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name: ALBERTO DUBOY, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1733 LAKELAND HILLS BLVD.
83
84 City: LAKELAND **FL** 85 Zip Code: 33805

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: ALBERTO DUBOY, M.D./PRESIDENT — 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HARTOG, ELLIE MARIA	1.2 NAME	ALBERTO DUBOY, M.D.	
STREET ADDRESS	1733 LAKELAND HILLS BL	1.3 STREET ADDRESS	1733 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	VP	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	DUBOY, ALBERTO	2.2 NAME	PETER ALVAREZ, M.D.	
STREET ADDRESS	1733 LAKELAND HILLS BL.	2.3 STREET ADDRESS	1733 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	VD	3.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME	ALVAREZ, PETER	3.2 NAME	JEFFREY L. PURETZ, M.D.	
STREET ADDRESS	1753 LAKELAND HILLS BLVD.	3.3 STREET ADDRESS	1733 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALBERTO DUBOY, M.D./PRESIDENT — 1-26-95 — (813)688-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314941 CP