

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F01758**

(4)

1. Corporation Name

LAKELAND OB-GYN, P.A.

Principal Place of Business

1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US

Mailing Address

1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1980

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DUBOY, ALBERTO M
1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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 | <input type="checkbox"/> DELETE |
| NAME | DUBOY, ALBERTO M | |
| STREET ADDRESS | 1733 LAKELAND HILLS BL | |
| CITY-ST-ZIP | LAKELAND FL | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ALVAREZ, PETER M | |
| STREET ADDRESS | 1733 LAKELAND HILLS BL. | |
| CITY-ST-ZIP | LAKELAND FL | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | PURETZ, JEFFREY L. M | |
| STREET ADDRESS | 1753 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | duboy, Alberto M.D. | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------|--|
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Alvarez, Peter M.D. | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Puretz, Jeffrey L. M.D. | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------------|--|
| 4.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Gracia M. Damian, M.D. | |
| 4.3 STREET ADDRESS | 1733 Lakeland Hills Blvd. | |
| 4.4 CITY-ST-ZIP | Lakeland, FL 33805 | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1-20-98

941-688-1528

Date

Daytime Phone #

0416979

CR2E034 (10/97)