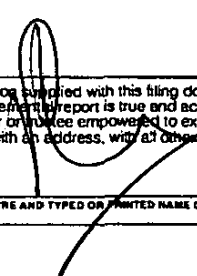


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-04-2005 90004 020 ***150.00

DOCUMENT # F01758 1. Entity 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		
6. Name and Address of Current Registered Agent ALVAREZ, PETER 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, PLETER M 1733 LAKELAND HILLS BL. LAKELAND, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURETZ, JEFFREY L MD 1753 LAKELAND HILLS BLVD. LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAMIAN, GARCIA M MD 1733 LAKELAND HILLS BLVD LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARAVELLO, JOHN 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplement to this 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 10 or Block 11 if changed, or on an attachment with an address, with an officer or director empowered.		
SIGNATURE:  Peter Alvarez, MD 8/18/05 863.688.1528 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		