

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01758

Entity Name: LAKELAND OB-GYN, P.A.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

1733 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

## New Principal Place of Business:

## Current Mailing Address:

1733 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

## New Mailing Address:

FEI Number: 59-2026448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, PEDRO M MD  
1733 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVAREZ, PEDRO M MD  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Delete  
Name: PURETZ, JEFFREY L MD  
Address: 1753 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: S ( ) Delete  
Name: DAMIAN, GRACIA M MD  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete  
Name: CARAVELLO, JOHN W MD  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NIXON, JENNIFER M MD  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO M ALVAREZ MD

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date