


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G41729 1. Entity Name MID-FLORIDA OB-GYN SPECIALISTS, P.A.					
Principal Place of Business 1403 MEDICAL PLAZA DR. #102 SANFORD FL 32771			Mailing Address 1403 MEDICAL PLAZA DR. #102 SANFORD FL 32771		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2292415 Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RAVELO, JUAN M 1403 MEDICAL PLAZA DR., #102 SANFORD FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOWERE, DAVID C. M 1403 MEDICAL PLZA DR 102 SANFORD FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAVELO, JUAN L., M.D. 1403 MEDICAL PLZA DR 102 SANFORD FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UDDDDDD513200 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/29/06-80117-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/05)
 4. FEI Number 59-2292415 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 all other like empowered

SIGNATURE:  **4/12/06 (407) 322-5313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #