

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
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



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2292415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAVELO, JUAN M
1403 MEDICAL PLAZA DR., #102
SANFORD, FL 32771

**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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VTD
NAME MOWERE, DAVID C. M
STREET ADDRESS 1403 MEDICAL PLZA DR 102
CITY-ST-ZIP SANFORD, FL

TITLE PSD
NAME RAVELO, JUAN L., M.D.
STREET ADDRESS 1403 MEDICAL PLZA DR 102
CITY-ST-ZIP SANFORD, FL

TITLE
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05/09/07-80064-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David C. Mowere 4-23-07 407 322-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #