2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# G59512

Entity Name: OBSTETRICS AND GYNECOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

610 OAK COMMONS BLVD
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

610 OAK COMMONS BLVD
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2307425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINGER, DOUGLAS G
610 OAK COMMONS BLVD.
KISSIMMEE, FL 32741 US

Name and Address of New Registered Agent:

WINGER, DOUGLAS G
610 OAK COMMONS BLVD.
KISSIMMEE, FL 34741 US

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: 02/23/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: WINGER, DOUGLAS G,
Address: 610 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL

Title: DV ( ) Delete
Name: REINOSO, JUAN
Address: 610 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: V ( ) Delete
Name: LEMERT, ROBERT
Address: 610 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: WINGER, DOUGLAS G
Address: 610 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS WINGER DPS 02/23/2006
Electronic Signature of Signing Officer or Director — Date