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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H19482

1. Corporation Name

ALTAMONTE OB-GYN ASSOCIATES, P.A.												
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Principal Pla	ce of Busines	s	Ma	ailing Address						a i 1810 ii a i a ia	IC BIBLIC BEBLIK BUI	
475 OSCEOLA ST #1200 475 OSCEOLA ST #1200												
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								09/01/1	1984			
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Suite, Apt	#, etc.		27	Suite, Apt. #, etc.				5. Certifcate	of Status Desired	d 🗆		Additional Required
City & Sta	ite			City & State				, 6. Election (Campaign Financi	ng _		0 May Be
23			28						d Contribution	a 🗆		d to Fees
Zip		Country	\vdash	Zip		untry			oration owes the	current year		
24	9 Nama	and Address of Currer	29	lored Ament	30	T			Property Tax.		Yes	□No
	J. Marrie	and Address of Currer	it Kegist	resen Agent		81 1	Name	iv. Name an	d Address of Ne	w Registere	a Agent	
	NRK, JAMES						S	(0.0.0				
1		STREET SUITE 1200				82	Street Addr	ess (P.O. Box N	umber is Not Acco	eptable)		
ALI	AMUNIE SI	PRINGS FL 32701		•		83	•	1.0			0. je k i	
	,		•			84 (City	· · · · · · · · · · · · · · · · · · ·	•	F	85 Zij	p Code
11. Pursuani	t to the provis	ions of Sections 607.050	2 and 60	7.1508, Florida Stat	tutes, the a	bove-n	named corpo	oration submits t	his statement for	the purpose	● of changing i	its registered
office or agent. I a	registered ag am familiar wi	ions of Sections 607.050 ent, or both, in the State th, and accept the obliga-	of Florida	a. Such change was	authorized	by the	e corporatio	n's board of dire	ctors. I hereby ac	cept the app	ointment as	registered '
					iuiua Stati	utes.						
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SIGNATURE	Signature typed	200 (C)	nt and title if	applicable. (NO	TE: Registered	Agent sig		d when reinstating)	S/CHANGES TO) OATE	AND DIRECT	TORS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90029 008 ***150.00