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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K17838** **(9)**

1. Corporation Name

WEST BROWARD OB-GYN ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
817 S. UNIVERSITY DR. #105 PLANTATION FL 33324 US	817 S UNIVERSITY DR. #105 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0033475 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, JAMES B.
2601 EAST OAKLAND PARK BLVD.
SUITE 601
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LEBOW, DAFNA	12 NAME		
STREET ADDRESS	480 WEST TROPICAL WAY	13 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	COHEN, JAY	22 NAME		
STREET ADDRESS	336 PALM BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	PEZZULLO-BURGS, GAIL	32 NAME	Pezzullo-Burgs, Gail	
STREET ADDRESS	1111 N.W. 76TH AVE.	33 STREET ADDRESS	710 N.W 101st Terrace	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Jay S. Cohen, MD 7/7/95 305-452-5850
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232092 CP