

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K17838**1. Entity Name  
WEST BROWARD OB-GYN ASSOCIATES, INC.Principal Place of Business  
4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021 USMailing Address  
4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021 US2. Principal Place of Business  
1613 NORTH HARRISON PARKWAY3. Mailing Address  
1613 NORTH HARRISON PARKWAYSuite, Apt. #, etc.  
SUITE 200Suite, Apt. #, etc.  
SUITE 200City & State  
SUNRISE FLCity & State  
SUNRISE FLZip Country  
33323 USZip Country  
33323 US4. FEI Number  
**65-0033475**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MARTUS JAY A  
4651 SHERIDAN STREET., STE 400  
  
HOLLYWOOD FL 33021 US**7. Name and Address of New Registered Agent**Name  
MARTUS JAY A  
Street Address (P.O. Box Number is Not Acceptable)  
1613 NORTH HARRISON PARKWAY  
SUITE 200  
City SUNRISE FL Zip Code 33323

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.

SIGNATURE \_\_\_\_\_ 02/23/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE CFOD ☐ Delete  
NAME COWARD ROBERT  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE CFOD ☒ Change ☐ Addition  
NAME COWARD ROBERT  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE VPS ☐ Delete  
NAME MARTUS JAY A  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE VPS ☒ Change ☐ Addition  
NAME MARTUS JAY A  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE EVPD ☐ Delete  
NAME GOLD LEWIS  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE EVPD ☒ Change ☐ Addition  
NAME GOLD LEWIS  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE VP ☐ Delete  
NAME COHEN, JAY  
STREET ADDRESS 480 ALEXANDRA CIR.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE VP ☒ Change ☐ Addition  
NAME COHEN, JAY  
STREET ADDRESS 480 ALEXANDRA CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE PD ☐ Delete  
NAME EISENBERG MITCHELL  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE PD ☒ Change ☐ Addition  
NAME EISENBERG MITCHELL  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jay A. Martus

VP 02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)