

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 16, 2005
Secretary of State**

DOCUMENT# K22783

Entity Name: ROYAL PALM OB/GYN, P.A.

Current Principal Place of Business:

8110 ROYAL PALM BLVD SUITE #108
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

8110 ROYAL PALM BLVD SUITE #108
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0052398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAFRAN, BRUCE M MD
8110 ROYAL PALM BLVD
#108
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAFRAN, BRUCE M MD
Address: 8110 ROYAL PALM BLVD#108
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: FREEDLAND, BETH DO
Address: 8110 ROYAL PALM BLVD #108
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: VAN DE MARK, DIANE MD
Address: 8110 ROYAL PALM BLVD #108
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: BERTHE, JOSE MD
Address: 8100 ROYAL PALM BLVD #108
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V () Change (X) Addition
Name: ZAFRAN, LESLEY A
Address: 8100 ROYAL PALM BLVD #108
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE M ZAFRAN

PRES

08/16/2005

Electronic Signature of Signing Officer or Director

_____ Date