

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90012 027 \*\*\*150.00

**DOCUMENT # K69693**

1. Entity Name  
**CORAL RIDGE OBGYN ASSOCIATES, INC.**



Principal Place of Business  
**PO BOX 7455  
FT. LAUDERDALE, FL 33338**

Mailing Address  
**PO BOX 7455  
FT. LAUDERDALE, FL 33338**

44047774



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0230719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POULIOU, REYNOLD  
265 B COMERCIAL BLVD  
FORT LAUDERDALE, FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTV  
COBO, JOSEPH M.  
224 COMMERCIAL BLVD. #200  
LAUDERDALE BY THE SEA, FL 33308** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTV  
Glen C. Sandager  
2201 West Sample Road Bldg. 9 St. 1B  
Pompano Beach, Fl. 33073** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GLEN SANDAGER, PRESIDENT**

Date

Daytime Phone #

7/9/04 9549179955

Attachment  
44047774



July 7, 2004

*Florida Medical Management Consultants, Inc.*

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Coral Ridge OBGYN Associates, INC.  
Document # K-69693

Dear Sir or Madam:

Enclosed are the 2004 Corporate Annual report for Coral Ridge OBGYN Associates, Inc. and a \$150.00 check. I am aware that this report is past the due date, however we did not receive the original form in the mail and therefore request that you waive any additional fees owed.

Sincerely,

Florida Medical Management Consultants, Inc.

Mayra C. Meilan

CORPORATE OFFICE

224 Commercial Boulevard • Suite 200 • Lauderdale-By-The-Sea, Florida 33308  
Broward: (954) 351-0336 • Toll Free: 800-432-2270 • FAX (954) 351-9194  
Visit us at: <http://www.flmedmgt.com>