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2004 FOR PROFIT CORPORATION ANNUAL REPORT	Jul 12, 200 Secretary
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DOCUMENT # K69693 1. Entity Name CORAL RIDGE OBGYN ASSOCIATES, INC.					07-12-2004 90012 027 ***150.			*150.00
Principal Place	e of Business	Mailing Address		L_		ų.	44447774	
PO BOX 7455	· ·	PO BOX 7455				-		
			T. LAUDERDALE, FL 33338				•	
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2. Principal Place of Business 3. N		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Numbe			piled For
Zip	Country	Zip	Cour	ntry	<u>1</u>	5. Certificate of Status Desired \$8.75 A		
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New R	legistered Agent	
BOUL 10	PENAIOL B			Name				
POULION, REYNOLD 265 B COMERCIAL BLVD FORT LAUDERDALE, FL 33308				Street Address (P.O. Box Number is Not Acceptable)				
i I	: e			City			FL Zip Cod	e
8. The above	named entity submits this statemen	nt for the purpose of changing i	ts register	red office or rea	istered agent, or bot	h. in the State of Flo		and accept
	tions of registered agent.	n ioi kiio parpood di diidiigii g			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CICNATURE	İ							
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applicable. (NC	TF: Benistere	ed Agent signature red	outrad when reference)		DATE	
		•	J.C. Naglatore	ed warms to a disease to c	quired when remstading)		CATE	Į.
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004		aign Fina	ncing _	\$5.00 May Be Added to Fees		with s. 607.193(2)(b), not receive the prior	
FII	ue by September 8, 2004	9. Election Camp	aign Fina	incing	\$5.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b),	notice.
FII Di	ue by September 8, 2004	9. Election Camp Trust Fund Co	paign Fina ntribution.	incing	\$5.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b), not receive the prior i	notice.
10. TITLE NAME	OFFICERS A PSTV COBO, JOSEPH M.	9. Election Camp Trust Fund Co	paign Fina ntribution. 11.	incing	\$5.00 May Be Added to Fees ADDITIONS/	corporation did	with s. 607.193(2)(b), not receive the prior i	S IN 11
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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.

GLEW SAWDAGER PRESIDENT 7/909 959 9179

SKRATURE AND TYPED BY RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date



July 7, 2004

Florida Medical Management Consultants, Inc.

Division of Corporations P.O. Box 1500 Talianassee, 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