

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

1996 3-8-96

B- 2010

NC

DOCUMENT # L92174

(6)

1. Corporation Name

PALMS WEST OB/GYN ASSOCIATES, P.A.



Principal Place of Business

13005 SOUTHERN BLVD.
S-211
LOXAHATCHEE FL 33470

Mailing Address

13005 SOUTHERN BLVD.
S-211
LOXAHATCHEE FL 33470

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

30

9. Name and Address of Current Registered Agent

MARINEAU, EDWARD JAMES
13005 SOUTHERN BLVD.
S-211
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified

08/03/1990

3a. Date of Last Report

02/22/1995

4. FEE Number

65-0214458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

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 607.1506, 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

Signature typed or printed name of registered agent

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MARINEAU, EDWARD JAMES
STREET ADDRESS 13005 SOUTHERN BLVD, #211
CITY-ST-ZIP LOXAHATCHEE FL

TITLE ☐ DELETE

ST
NAME VADESCRUZ, RAUL C.
STREET ADDRESS 13005 SOUTHERN BLVD #211
CITY-ST-ZIP LOXAHATCHEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

1. TITLE

☐ Change

☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96
EDWARD JAMES MARINEAU, MD 407.795-2400

CR2E034 (12/95)