


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L92174 1. Entity Name PALMS WEST OB/GYN ASSOCIATES, P.A.	
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Principal Place of Business 12953 PALMS WEST DRIVE SUITE 101 LOXAHATCHEE, FL 33470	Mailing Address 12953 PALMS WEST DRIVE SUITE 101 LOXAHATCHEE, FL 33470
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0214458	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARINEAU, EDWARD J 12953 PALM WEST DRIVE SUITE 101 LOXAHATCHEE, FL 33470
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARINEAU, EDWARD J 12953 PALMS WEST DRIVE #101 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT VADESCRUZ, RAUL C. 12953 PALMS WEST DRIVE #101 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KNOWLTON, SARAH 12953 PALMS WEST DRIVE #101 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/28/05-80037-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  EDWARD JAMES MARINEAU MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-26-05 Daytime Phone # 561-795-2400