

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90044 016 \*\*\*158.75

DOCUMENT # L92174

1. Entity Name

PALMS WEST OB/GYN ASSOCIATES, P.A.



Principal Place of Business

12953 PALMS WEST DRIVE  
SUITE 101  
LOXAHATCHEE FL 33470

Mailing Address

12953 PALMS WEST DRIVE  
SUITE 101  
LOXAHATCHEE FL 33470



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0214458

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required-

6. Name and Address of Current Registered Agent

MARINEAU, EDWARD J  
12953 PALM WEST DRIVE  
SUITE 101  
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

VALDESCRUZ, Raul C

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

12953 PALMS WEST DRIVE

Suite 101

City

Loxahatchee

FL

Zip Code

33470

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

Raul C Valdesacruz - President

Raul C Valdesacruz

1/21/07

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MARINEAU, EDWARD J  
STREET ADDRESS 12953 PALMS WEST DRIVE #101  
CITY ST ZIP LOXAHATCHEE FL 33470 ☒ Delete

TITLE VT  
NAME VADESCRUZ, RAUL C.  
STREET ADDRESS 12953 PALMS WEST DRIVE #101  
CITY ST ZIP LOXAHATCHEE FL 33470 ☐ Delete

TITLE S  
NAME KNOWLTON, SARAH  
STREET ADDRESS 12953 PALMS WEST DRIVE #101  
CITY ST ZIP LOXAHATCHEE FL 33470 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE PRESIDENT (P)  
NAME VALDESCRUZ, RAUL C. ☒ Change ☐ Addition  
STREET ADDRESS 12953 PALMS WEST DRIVE #101  
CITY ST ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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 exemptions contained in Section 119, 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:

Raul C Valdesacruz

Raul C Valdesacruz

1/21/07

(561)

795-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #