2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007
Secretary of State

DOCUMENT# N05000005144

Entity Name: W.A.L. OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

2121 PONCE SE LEON BLVD - STE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE SE LEON BLVD - STE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2859124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, ANTONIO
2121 PONCE SE LEON BLVD - STE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF MIAMI, INC
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANTONIO GARCIA 07/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete
Name: PASALODOS, OMAR MD
Address: 2121 PONCE SE LEON BLVD - STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: S/T ( ) Delete
Name: SIMAN, DEBORAH MD
Address: 2121 PONCE SE LEON BLVD - STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: T/T ( ) Delete
Name: DESANTI, TIMOTHY MD
Address: 2121 PONCE SE LEON BLVD - STE 1050
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: SIMON, DEBORAH MD
Address: 2121 PONCE SE LEON BLVD - STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: T/T (X) Change ( ) Addition
Name: DE SANTI, TIMOTHY MD
Address: 2121 PONCE SE LEON BLVD - STE 1050
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR PASALODOS, MD PT 07/27/2007
Electronic Signature of Signing Officer or Director Date