

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005144

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SALOM, EMERY MD  
**Address:** 1030 RED BIRD AVE  
**City-St-Zip:** MIAMI SPRINGS, FL 33166

**Title:** S/T  
**Name:** JHAMB, NAMITA MD  
**Address:** 475 S. SHORE DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** VP  
**Name:** SIMAN, DEBORAH MD  
**Address:** 3400 DURANGO STREET  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** EMERY SALOM, MD

P

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date