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

APPROVED AND FILED

95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002220 (2)

NON PROFIT ORGANIZATION

1. Corporation Name

MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC.

000001485980
-05/12/95--01056--016
****138.75 ****138.75

Principal Place of Business / Mailing Address

UNIVERSITY OF MIAMI - SCHOOL OF MEDICINE
DEPARTMENT OF OB/GYN
P.O. BOX 016960
MIAMI, FL 33101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 5/11/1993
3a. Date of Last Report: 1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

(24) (25) (29) (30)

4. FEI Number: 65-0411495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLEIN THEODORE ESQ.
16855 NE 2ND. AVENUE SUITE 301
NORTH MIAMI BEACH, FL 33162

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | President<br>John Rinella, M.D.<br>333 NW 70th. Avenue Ste. 120<br>Plantation, FL 33317 D | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | Vice-President<br>Spencer F. Kellogg, M.D.<br>8950 N. Kendall Dr. Ste. 601<br>Miami, FL 33176 D | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | Secretary<br>Paul Gluck, M.D.<br>8950 N. Kendall Dr.<br>Miami, FL 33176 D | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | Treasurer<br>Chiliano E. Casal, M.D.<br>4625 Ponce de Leon Blvd.<br>Coral Gables, FL 33146 D | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition<br>BR 5/10 |

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)(i), 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 changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 305=666-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHILIANO E. CASAL, M.D., TREASURER