

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000002220 (2)

1. Corporation Name

MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC



Principal Place of Business

Mailing Address

UNIVERSITY OF MIAMI-SCHOOL OF MEDICINE  
P.O. BOX 016960  
MIAMI FL 33101

UNIVERSITY OF MIAMI-SCHOOL OF MEDICINE  
P.O. BOX 016960  
MIAMI FL 33101

3. Date Incorporated or Qualified

05/11/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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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

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
RINELLA, JOHN MD  
333 NW 70TH AVENUE STE 120  
PLANTATION FL 33317

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
KELLOGG, SPENCER F MD  
8950 N KENDALL DR STE 601  
MIAMI FL 33176

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD  
GLUCK, PAUL MD  
8950 N KENDALL DR  
MIAMI FL 33176

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD  
CASAL, CHILIANO E MD  
4625 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)