


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N93000002220 (2)

1. Corporation Name

MIAMI OBSTETRICAL AND GYNCOLOGICAL 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 33101-6960 |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 05/11/1993 | 3a. Date of Last Report 04/11/1996 |
| 4. FEI Number 65-0411495 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RINELLA, JOHN MD | 1.2 NAME | Michael Roth |
| STREET ADDRESS | 888 NW 76TH AVENUE STE 120 | 1.3 STREET ADDRESS | 16800 NW 2nd. Ave. Suite 201 |
| CITY-ST-ZIP | PLANTATION FL 33347 | 1.4 CITY-ST-ZIP | Miami, FL 33169 |
| TITLE | VB <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KELLOGG, SPENCER F MD | 2.2 NAME | Robert J. Safinski |
| STREET ADDRESS | 8950 N KENDALL DR STE 001 | 2.3 STREET ADDRESS | 7800 SW 87th. Avenue Bldg. A Ste.120 |
| CITY-ST-ZIP | MIAMI FL 33176 | 2.4 CITY-ST-ZIP | Miami, FL 33173 |
| TITLE | GB <input type="checkbox"/> DELETE | 3.1 TITLE | President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLUCK, PAUL MD | 3.2 NAME | Paul Gluck, MD |
| STREET ADDRESS | 8950 N KENDALL DR | 3.3 STREET ADDRESS | 8950 N. Kendall Dr. |
| CITY-ST-ZIP | MIAMI FL 33176 | 3.4 CITY-ST-ZIP | Miami, FL 33176 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENALVER, MANUEL A. M | 4.2 NAME | Manuel Penalver, MD |
| STREET ADDRESS | 4010 UNIVERSITY DR. | 4.3 STREET ADDRESS | 4010 University Drive |
| CITY-ST-ZIP | CORAL GABLES FL | 4.4 CITY-ST-ZIP | Coral Gables, FL |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Handwritten signature

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14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 4/12/97 (205) 274-5574

CR2E037 (9/96)