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**Apr 16, 1999 8:00 am**  
**Secretary of State**

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0028608

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000002220**

1. Corporation Name

**MIAMI OBSTETRICAL AND GYNCOLOGICAL SOCIETY, INC**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/11/1993

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

9. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ**  
**16855 N.E. 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 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 **SD** ☐ DELETE  
 NAME **ROTH, MICHAEL**  
 STREET ADDRESS **16800 NW 2ND. AVE. SUITE 201**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **TD** ☐ DELETE  
 NAME **SAFINSKI, ROBERT J**  
 STREET ADDRESS **7800 SW 87TH AVENUE BLDG. A STE. 120**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **PD** ☒ DELETE  
 NAME **GLUCK, PAUL MD**  
 STREET ADDRESS **8950 N. KENDALL DR.**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VPD** ☒ DELETE  
 NAME **PENALVER, MANUEL MD**  
 STREET ADDRESS **4010 UNIVERSITY DRIVE**  
 CITY-ST-ZIP **CLRAL GABLES FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PPD** ☒ Change ☐ Addition  
 1.2 NAME **ROTH MICHAEL**  
 1.3 STREET ADDRESS **16800 N.W. 2nd Ave Suite 201**  
 1.4 CITY-ST-ZIP **MIAMI FL. 33169**

2.1 TITLE **PD** ☒ Change ☐ Addition  
 2.2 NAME **Safinski Robert J**  
 2.3 STREET ADDRESS **7800 S.W. 87th Avenue Bld. A Ste 120**  
 2.4 CITY-ST-ZIP **MIAMI FL. 33173**

3.1 TITLE **PED** ☐ Change ☒ Addition  
 3.2 NAME **N. DEAN NASSER MD**  
 3.3 STREET ADDRESS **1800 East Commercial Bld**  
 3.4 CITY-ST-ZIP **Ft. Sand, FL 33308**

4.1 TITLE **TD** ☐ Change ☒ Addition  
 4.2 NAME **Gene BURKETT**  
 4.3 STREET ADDRESS **PO Box 016960 (R-136)**  
 4.4 CITY-ST-ZIP **Miam FL 33101**

5.1 TITLE **SD** ☐ Change ☒ Addition  
 5.2 NAME **Robert A. ROSS.**  
 5.3 STREET ADDRESS **100 N.W. 170th St. Suite 303**  
 5.4 CITY-ST-ZIP **NORTH P.K. Prof. Beach**

6.1 TITLE **Miami FL 33169** ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**N. DEAN NASSER, M.D. President**

Date **4/12/99** Daytime Phone #

CR2E037 (11/98)