

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000002220

1. Corporation Name

MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC

Principal Place of Business

Mailing Address

UNIVERSITY OF MIAMI-SCHOOL OF MEDICINE

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

P.O. BOX 016960 MIAMI FL 33101

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAM! FL 33101

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2a. Mailing Address

City & State

Suite, Apt. #, etc.



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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/11/1993

4. FEI Number 65-0411495

9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. FL 16. Siz pcode 16. City 17. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporations automits 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 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 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 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 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 distincts. 16. City State Agent St	Zip	Country	Zip Cou		Country		6. Election Campaign Financing \$5.00 May Be		
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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 an an attachment with an address, with effective the empowered.

SIGNATURE:

· DEAN NASSER, M. D. Present elet

Date 4/12/99 Daytime Phone #

Applied For Not Applicable

\$8.75 Additional

Fee Required