

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002220

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC.

## Current Principal Place of Business:

2588 S.W. 27 AVENUE  
MIAMI, FL 33133

## New Principal Place of Business:

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

## Current Mailing Address:

2588 S.W. 27 AVENUE  
MIAMI, FL 33133

## New Mailing Address:

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

FEI Number: 65-0411495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2588 S.W. 27 AVENUE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTONIO GARCIA

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCIA, JORGE MD.  
Address: 2588 S.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Delete  
Name: REISMAN, TERRY MD  
Address: 2588 S.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete  
Name: PASALODOS, OMAR MD  
Address: 2588 S.W. 27 AVENUE  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STRASSBERG, RICHARD MD.  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition  
Name: REISMAN, TERRY MD  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition  
Name: PASALODOS, OMAR MD  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD STRASSBERG

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date