

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002220

FILED
Apr 11, 2007
Secretary of State

Entity Name: MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

7990 SW 117TH AVE.
SUITE 203
MIAMI, FL 33183 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

7990 SW 117TH AVE
SUITE 203
MIAMI, FL 33183 US

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.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HIRSCH & COMPANY
7990 SW 117TH AVE
SUITE 203
MIAMI, FL 33183 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: MICHAEL HIRSCH

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REISMAN, TERRY M MD
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: PASALODOS, OMAR MD
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: ZELLNER, JASON M MD
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: DIRO, MAKIB MD
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REISMAN, TERRY M MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US

Title: VP (X) Change () Addition
Name: PASALODOS, OMAR MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US

Title: T (X) Change () Addition
Name: ZELLNER, JASON M MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US

Title: S (X) Change () Addition
Name: DIRO, MAKIB MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRY REISMAN

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date