

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2007
Secretary of State

DOCUMENT# N93000002220

Entity Name: MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**7990 SW 117TH AVE.
SUITE 203
MIAMI, FL 33183 US**New Principal Place of Business:****Current Mailing Address:**7990 SW 117TH AVE
SUITE 203
MIAMI, FL 33183 US**New Mailing Address:****FEI Number:** 65-0411495**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HIRSCH & COMPANY
7990 SW 117TH AVE
SUITE 203
MIAMI, FL 33183 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: REISMAN, TERRY M MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US**Title:** VP () Delete
Name: PASALODOS, OMAR MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US**Title:** T () Delete
Name: ZELLNER, JASON M MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US**Title:** S () Delete
Name: DIRO, MAKIB MD
Address: 7990 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33183 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: REISMAN, TERRY M MD
Address: 7990 SW 117TH AVE., SUITE 203
City-St-Zip: MIAMI, FL 33183 US**Title:** P (X) Change () Addition
Name: PASALODOS, OMAR MD
Address: 100 EAST SUNRISE AVE.
City-St-Zip: CORAL GABLES, FL 33133 US**Title:** T (X) Change () Addition
Name: EISERMANN, JUERGEN MD.
Address: 7300 SW 63RD PLACE, 4TH FLOOR
City-St-Zip: SOUTH MIAMI, FL 33143 US**Title:** S (X) Change () Addition
Name: MAKIB, DIRO MD
Address: U.M DEPT. OF OBGYN, 1611 NW 12 AVE, # 4070
City-St-Zip: MIAMI, FL 33136 US

I hereby certify that the information supplied with this filing does not qualify 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: OMAR PASALODOS, MD

P

05/21/2007

Electronic Signature of Signing Officer or Director

Date