

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002220

FILED  
Jun 18, 2008  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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:

EISERMANN, JUERGEN T  
7300 SW 62 PLACE  
4TH FLOOR  
MIAMI, FL 33143 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: JUERGEN EISERMANN

06/18/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REISMAN, TERRY M MD  
Address: 7990 SW 117TH AVE., SUITE 203  
City-St-Zip: MIAMI, FL 33183 US

Title: P ( ) Delete  
Name: PASALODOS, OMAR MD  
Address: 100 EAST SUNRISE AVE.  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: T ( ) Delete  
Name: EISERMANN, JUERGEN MD.  
Address: 7300 SW 63RD PLACE, 4TH FLOOR  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: S ( ) Delete  
Name: MAKBIB, DIRO MD  
Address: U.M DEPT. OF OBGYN, 1611 NW 12 AVE, # 4070  
City-St-Zip: MIAMI, FL 33136 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: EISERMANN, JUERGEN MD.  
Address: 7300 SW 62ND PLACE, 4TH FLOOR  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUERGEN EISERMANN

T

06/18/2008

Electronic Signature of Signing Officer or Director

Date