2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N93000002220

Entity Name: MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

7300 SW 62ND PLACE
4TH FLOOR
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7300 SW 62ND PLACE
4TH FLOOR
MIAMI, FL 33143 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:

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

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: OMAR PASALODOS, MD P 04/10/2009

Electronic Signature of Signing Officer or Director — Date