

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060253

FILED
Apr 28, 2004
Secretary of State

Entity Name: ACTIVE WOMAN OBSTETRICS AND GYNECOLOGY, P.A.

Current Principal Place of Business:

12977 SOUTHERN BOULEVARD
SUITE 100
LOXAHATCHEE, FL 33470

New Principal Place of Business:

15710 CEDAR GROVE LANE
WELLINGTON, FL 33414

Current Mailing Address:

12977 SOUTHERN BOULEVARD
SUITE 100
LOXAHATCHEE, FL 33470

New Mailing Address:

15710 CEDAR GROVE LANE
WELLINGTON, FL 33414

FEI Number: 65-1021056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITKOWSKI, RONALD
12798 WEST FOREST HILL BOULEVARD
SUITE 202
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VIRELLES, MOISES A
Address: 12977 SOUTHERN BOULEVARD, SUITE 100
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VIRELLES, MOISES A
Address: 15710 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES VIRELLES

PSTD

04/28/2004

Electronic Signature of Signing Officer or Director

Date