## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004114

Entity Name: COMPREHENSIVE OB/GYN, P.A.

FILED Jan 04, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

ATTENTION: DAVID ADLER, D.O. 12959 PALMS WEST DRIVE, SUITE 130

LOXAHATCHEE, FL 33470

**Current Mailing Address: New Mailing Address:** 

ATTENTION: DAVID ADLER, D.O. 12959 PALMS WEST DRIVE, SUITE 130 LOXAHATCHEE, FL 33470

FEI Number: 65-1070245 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADLER, DAVID L D.O. ADLER, DAVID L D.O. 12983 SOUTHERN BOULEVARD 12959 PALMS WEST DRIVE SUITE 201 SUITE 130 LOXAHATCHEE, FL 33470 US LOXAHATCHEE, FL 33470 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: DAVID ADLER, DO 01/04/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition

ADLER, DAVID L D.O. Name: 12959 PALMS WEST DRIVE, SUITE 130 Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ADLER 01/04/2008 DR