2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000089157 1. Entity Name

CELEBRATION OBSTETRICS AND GYNECOLOGY ASSOCIATES

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable,

400 CELEBRATION PLACE, SUITE A-180 310

OFFICERS AND DIRECTORS

400 CELEBRATION PLACE, SUITE A-190 310

9. This corporation is eligible to satisfy its Intangible

MARCANTEL, DAVID A M.D.

CELEBRATION FL 34747

Tax filling requirement and elects to do so.

Principal Place of Business

=Marcantel:=David=a=

CELEBRATION FL 34747

(See criteria on back)

CELEBRATION FL 34747

Zip

SIGNATURE.

11.

TITLE

NAME

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STREET ADDRESS

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310 400 CELEBRATION PLACE, SLITE 4-100

Mailing Address

400 CELEBRATION PLACE, SUITE #100 310 **CELEBRATION FL 34747**

Country

Name

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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12.

TITLE

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TITE F

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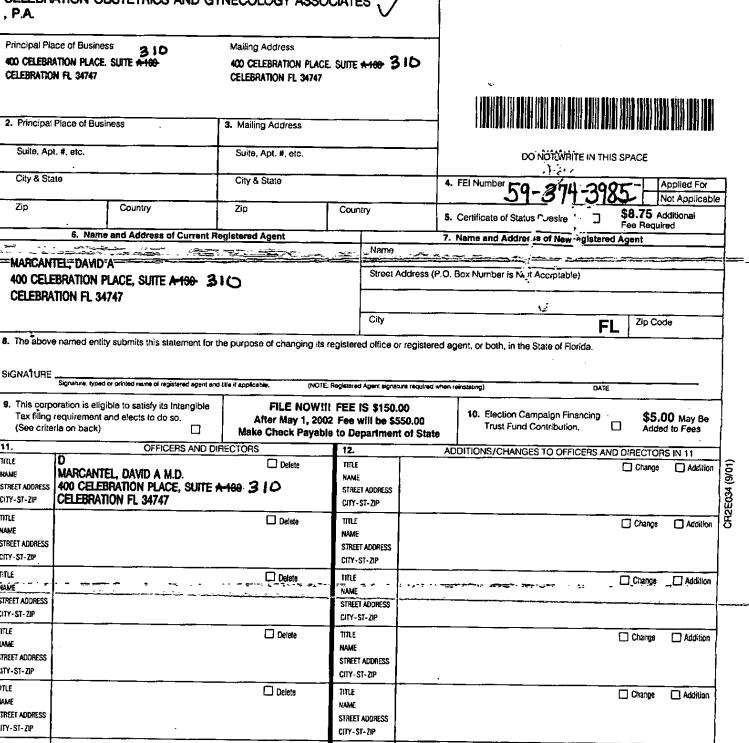
CITY-ST-ZIP

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State

FILED May 30, 2002 8:00 am Secretary of State

04-18-2002 90461 038 ***150.00



13. I hereby certify that the information supplied with this filing does not enable to the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental reports true and accurate and that my 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 engowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

Change

☐ Addition