

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057079

FILED
Apr 29, 2009
Secretary of State

Entity Name: OBSTETRICS AND GYNECOLOGY QUALITY CARE, INC.

Current Principal Place of Business:

PALMETTO MEDICAL PLAZA
7100 W 20TH AVENUE SUITE 304
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

PALMETTO MEDICAL PLAZA
7100 W 20TH AVENUE SUITE 304
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 38-3651008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOJO MD MBA, ROBERTO
7100 WEST 20TH AVE., STE 304
HIALEAH, FL 33016 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: D () Delete
Name: FOJO, ROBERTO
Address: 7100 WEST 20TH AVENUE SUITE 304
City-St-Zip: HIALEAH, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: FOJO, CRISTINA
Address: 7100 WEST 20TH AVENUE SUITE 304
City-St-Zip: HIALEAH, FL 33016

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: ROBERTO FOJO

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date