

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086753

Entity Name: MY GYNECOLOGIST, P.A.

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

10441 QUALITY DR., STE. 304  
SPRING HILL, FL 34609

## New Principal Place of Business:

11175 COUNTY LINE RD  
SPRING HILL, FL 34609

## Current Mailing Address:

10441 QUALITY DR., STE. 304  
SPRING HILL, FL 34609

## New Mailing Address:

11175 COUNTY LINE RD  
SPRING HILL, FL 34609

FEI Number: 65-1200465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEIBENSPERGER, NATALIE DO  
10441 QUALITY DR., STE. 304  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

LEIBENSPERGER, NATALIE DO  
11175 COUNTY LINE RD  
SPRING HILL, FL 34609 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: NATALIE LEIBENSPERGER

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: LEIBENSPERGER, KARL  
Address: 10441 QUALITY DR., SUITE 304  
City-St-Zip: SPRING HILL, FL 34609

Title: PSD ( ) Delete  
Name: LEIBENSPERGER, NATALIE  
Address: 10441 QUALITY DR., STE. 304  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: LEIBENSPERGER, KARL  
Address: 11175 COUNTY LINE RD  
City-St-Zip: SPRING HILL, FL 34609

Title: PSD (X) Change ( ) Addition  
Name: LEIBENSPERGER, NATALIE  
Address: 11175 COUNTY LINE RD  
City-St-Zip: SPRING HILL, FL 34609

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: KARL LEIBENSPERGER

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date