

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099813

Entity Name: FABEN OBG, INC.

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

836 PRUDENTIAL DRIVE
1506
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

836 PRUDENTIAL DRIVE
1506
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 80-0084052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, ANA
836 PRUDENTIAL DRIVE
1506
JACKSONVILLE, FL 32207 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: OLIVIER FOX, FELICIA M.D.
Address: 937 SARATOGA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HICKS, ANA TOBAR M.D.
Address: 1413 SOMERVILLE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: KOHAUT, BETTINA M.D.
Address: 1604 ARCADIA DR #316
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: CACCAM, EVALEEN M.D.
Address: 1711 BELMONTE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: ELIZ, NATASHA M.D.
Address: 8068 CATAWBA DR
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLIVIER FOX, FELICIA M.D.
Address: 2311 LAUREL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: HICKS, ANA TOBAR M.D.
Address: 1133 ORIENTAL GARDENS
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: KOHAUT, BETTINA M.D.
Address: 1757 BELMONTE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: D (X) Change () Addition
Name: ELIZ, NATASHA M.D.
Address: 2419 PINERIDGE RD
City-St-Zip: JACKSONVILLE, FL 32207

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: ANA HICKS

DIR

04/09/2008

Electronic Signature of Signing Officer or Director

Date