

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099813

FILED
Jan 05, 2012
Secretary of State

Entity Name: FABEN OBG, INC.

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:

THORN, BRIAN
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

OFFICERS AND DIRECTORS:

Title: D
Name: CACCAM, EVALEEN M.D.
Address: 1706 BELMONTE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: HICKS, ANA M.D.
Address: 1133 ORIENTAL GARDENS
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: D
Name: FOX, FELICIA M.D.
Address: 2311 LAUREL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: CEO
Name: BRIAN, THORN
Address: 1757 BELMONTE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: BRIAN THORN

CEO

01/05/2012

Electronic Signature of Signing Officer or Director

Date