

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110026

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** SOUTHEAST GYNECOLOGIC SPECIALTY, P.A.

**Current Principal Place of Business:**

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7  
SUITE 108  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7  
SUITE 108  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-1205955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUSTIN, RONALD R ATTY  
1400 PRUDENTIAL DRIVE  
1  
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:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** MD ( ) Change (X) Addition  
**Name:** NDUBISI, BONIFACE U PRESIDE  
**Address:** 2960 N STATE RD SEVEN STE#108  
**City-St-Zip:** MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** BONIFACE U. NDUBISI MD

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date