

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90249 049 ***150.00

DOCUMENT # P04000005023

1. Entity Name

THE INSTITUTE OF GYNECOLOGY, INC.



Principal Place of Business

7001 CENTRAL AVE, STE 3
ST PETERSBURG FL 33710

Mailing Address

7001 CENTRAL AVE, STE 3
ST PETERSBURG FL 33710

2. Principal Place of Business

7001 CENTRAL AVE, STE 3
Suite, Apt. #, etc. SUITE 3
ST PETERSBURG

3. Mailing Address

7001 CENTRAL AVE.
Suite, Apt. #, etc. SUITE # 3

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

27-0081754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSTRZENSKI, BARTOSZ A
6879 TIBURON CIR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OSTRZENSKA, ADAM
STREET ADDRESS 7001 CENTRAL AVE, STE 3
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE D ☐ Delete
NAME OSTRZENSKA, MARIA
STREET ADDRESS 7001 CENTRAL AVE, STE 3
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA OSTRZENSKA 4-20-04 319 3777

Date

Daytime Phone #