2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005
Secretary of State

DOCUMENT# P04000033646

Entity Name: PROGRESSIVE OB-GYN, P.A.

Current Principal Place of Business:

SANTA ROSA MEDICAL OFFICE BLDG
5992 BERRYHILL RD
MILTON, FL 32570

New Principal Place of Business:

5992 BERRYHILL RD
SUITE #203
MILTON, FL 32570

Current Mailing Address:

4300 BAYOU BLVD
SUITE 13
PENSACOLA, FL 32503

New Mailing Address:

4280 SPINDLEWICK DR.
PACE, FL 32571

FEI Number: 20-0817475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, J.D. ESQ
4300 BAYOU BLVD
SUITE 13
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

COYLE, MICHAEL J D.O.
4280 SPINDLEWICK DR.
PACE, FL 32571 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: MICHAEL J. COYLE 07/28/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COYLE, MICHAEL
Address: 5992 BERRYHILL RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COYLE, MICHAEL
Address: 5992 BERRYHILL RD, SUITE #203
City-St-Zip: MILTON, FL 32570

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: MICHAEL J. COYLE DR. 07/28/2005
Electronic Signature of Signing Officer or Director Date