

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90380 035 ***150.00

DOCUMENT # P05000143706		
1. Entity Name ASSOCIATES IN GYNECOLOGY AND OBSTETRICS, P.A.		

Principal Place of Business 846 SOUTH OSPREY AVE. SARASOTA, FL 34236 US	Mailing Address 846 SOUTH OSPREY AVE. SARASOTA, FL 34236 US
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2. Principal Place of Business - No P.O. Box 2439 BEE RIDGE RD Sarasota, Apt. #, etc.	3. Mailing Address 2439 BEE RIDGE RD Sarasota, Apt. #, etc.
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City & State SARASOTA FL 34239	Country	City & State SARASOTA FL 34239	Country
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03242008 Chg-P CR2E034 (12/06)

4. FFI Number 20-3699396	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205-7734	
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7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City, State, Zip: FL	
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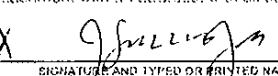
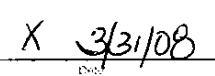
8. The undersigned entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida, and further certifies that it is familiar with and accepts the obligations of its registered agent.

SIGNATURE: _____
By signing this report, the undersigned certifies that the information is true and accurate, and that the undersigned is authorized to sign this report.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If any)		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PS SULLIVAN, JOHN E MD 2439 BEE RIDGE RD SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VT COHEN, WAYNE A MD 2439 BEE RIDGE RD SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	