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

03242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
2439 BEE RIDGE RD	2439 BEE RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34239 Country	Zip: 34239 Country

4. FEI Number: 20-3699396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON,, FL 34205-7734

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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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 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: X J Sullivan MD X 3/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #