
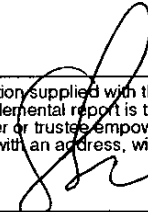


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90037 017 ***150.00

DOCUMENT # P93000048878 1. Entity Name PALM BEACH OBSTETRICS & GYNECOLOGY P.A.			
Principal Place of Business 2925 10TH AVE N. SUITE 305 LAKE WORTH FL 33461 US		Mailing Address 2925 10TH AVE N. SUITE 305 LAKE WORTH FL 33461 US	
2. Principal Place of Business <i>4671 S. Congress Ave</i>		3. Mailing Address <i>4671 S. Congress Ave</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Lake Worth, FL</i>		City & State <i>Lake Worth, FL</i>	
Zip <i>33461</i>		Zip <i>33461</i>	
Country <i>Palm Beach</i>		Country <i>Palm Beach</i>	
6. Name and Address of Current Registered Agent RUB, MARTA L 698 N ISLAND DRIVE GOLDEN BEACH FL 33160		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LEDERMAN, SAMUEL 2925 10TH AVENUE NORTH #305 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAKKARAINEN, GLORIA MD 2925 10TH AVENUE NORTH #305 LAKE WORTH FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1-31-05. 561-434-0111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40009624



1st MOORE CR2E034 (10/04)