

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048878

FILED
Feb 21, 2008
Secretary of State

Entity Name: PALM BEACH OBSTETRICS & GYNECOLOGY P.A.

Current Principal Place of Business:

4671 S CONGRESS AVENUE
SUITE 100-B
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

4671 S CONGRESS AVENUE
SUITE 100-B
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0413832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUB, MARTA L
698 N ISLAND DRIVE
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEDERMAN, SAMUEL MD
Address: 207 ALMERIA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: V () Delete
Name: HAKKARAINEN, GLORIA MD
Address: 5090 MISTY MORN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: SIEGFRIED, SYLVIA MD
Address: 225 EVERNIA STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: CAVALARIS, JOY MD
Address: 337 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMUEL N. LEDERMAN

M.D.

02/21/2008

Electronic Signature of Signing Officer or Director

Date