

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048878

FILED
Jan 09, 2011
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 SAMUEL
698 N ISLAND DRIVE
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

RUB, MARTA L SAMUEL
698 N ISLAND DRIVE
100B
GOLDEN BEACH, FL 33160 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: SAMUEL LEDERMAN

01/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL LEDERMAN

PRES

01/09/2011

Electronic Signature of Signing Officer or Director

Date