

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048878

FILED  
Jan 22, 2012  
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  
100B  
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

**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, MD

P

01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date