

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000057755 (8)

1. Corporation Name

CORAL SPRINGS OB-GYN ASSOCIATES, P.A.



Principal Place of Business

9980 CENTRAL PARK BLVD. NORTH
SUITE 206
BOCA RATON FL 33428

Mailing Address

9980 CENTRAL PARK BLVD. NORTH
SUITE 206
BOCA RATON FL 33428-1703

3. Date Incorporated or Qualified

08/04/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0508845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 9970 CENTRAL PARK BLVD N

2a. Mailing Address

26 9970 CENTRAL PARK BLVD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 403

27 SUITE 403

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33428

25 U.S.

29 33428

30 U.S.

9. Name and Address of Current Registered Agent

SCHLOSSER, MARC I
9980 CENTRAL PARK BLVD. NORTH
SUITE 206
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9970 CENTRAL PARK BLVD N

83 SUITE 403

84 City BOCA RATON

FL

85 Zip Code 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SCHLOSSER, MARC I
STREET ADDRESS 9980 CENTRAL PARK BLVD N., STE. 206
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE
NAME RUBINSTEIN, STUART
STREET ADDRESS 9980 CENTRAL PARK BLVD N., STE. 206
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9970 CENTRAL PARK BLVD N, STE 403
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9970 CENTRAL PARK BLVD N, STE 403
2.4 CITY-ST-ZIP BOCA RATON, FL 33428

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

407 479-2600

CR2E034 (9/96)