

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000057755**

1. Entity Name  
**CORAL SPRINGS OB-GYN ASSOCIATES, P.A.**



Principal Place of Business  
**9970 CENTRAL PARK BLVD N  
SUITE 403  
BOCA RATON, FL 33428 US**

Mailing Address  
**9970 CENTRAL PARK BLVD N  
SUITE 403  
BOCA RATON, FL 33428 US**

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0508845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RUBENSTEIN, STUART  
9970 CENTRAL PARK BLVD N  
SUITE 403  
BOCA RATON, FL 33428**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                 |                                  |
|-----------------|----------------------------------|
| TITLE           | D                                |
| NAME            | SCHLOSSER, MARC I                |
| STREET ADDRESS  | 9970 CENTRAL PARK BLVD N STE 403 |
| CITY - ST - ZIP | BOCA RATON, FL                   |
| TITLE           | D                                |
| NAME            | RUBINSTEIN, STUART               |
| STREET ADDRESS  | 9970 CENTRAL PARK BLVD N STE 403 |
| CITY - ST - ZIP | BOCA RATON, FL                   |
| TITLE           |                                  |
| NAME            |                                  |
| STREET ADDRESS  |                                  |
| CITY - ST - ZIP |                                  |
| TITLE           |                                  |
| NAME            |                                  |
| STREET ADDRESS  |                                  |
| CITY - ST - ZIP |                                  |
| TITLE           |                                  |
| NAME            |                                  |
| STREET ADDRESS  |                                  |
| CITY - ST - ZIP |                                  |

U000000015512  
01/28/04-80017-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/24/04 Daytime Phone # \_\_\_\_\_