


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90054 035 \*\*\*150.00

DOCUMENT # P94000057755 1. Entity Name CORAL SPRINGS OB-GYN ASSOCIATES, P.A.	
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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
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**50016765**



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0508845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

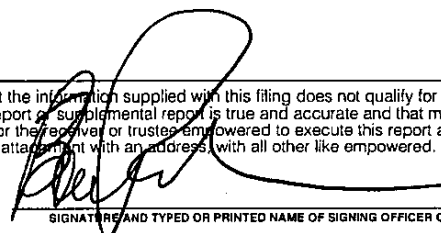
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHLOSSER, MARC I 3601 Carlton 9970 CENTRAL PARK BLVD N STE 403 BOCA RATON, FL Boca Raton FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUBINSTEIN, STUART 6014 NW 30th WAY 9970 CENTRAL PARK BLVD N STE 403 BOCA RATON, FL Boca Raton FL 33496
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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)(i), 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: 2/1/05 Daytime Phone # \_\_\_\_\_