

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90040 030 ***150.00

DOCUMENT # P94000057755

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



Principal Place of Business **6014 NW 30TH WAY** Mailing Address **6014 NW 30TH WAY**
~~9970 CENTRAL PARK BLVD N~~ ~~9970 CENTRAL PARK BLVD N~~
~~SUITE 403~~ ~~SUITE 403~~
BOCA RATON, FL ~~33428~~ **33496** US BOCA RATON, FL ~~33428~~ **33496** US



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 **6014 NW 30TH WAY**
~~9970 CENTRAL PARK BLVD N~~
~~SUITE 403~~
BOCA RATON, FL ~~33428~~ **33496**

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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, 2007 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 **3601 CARLTON**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D**
NAME **RUBINSTEIN, STUART**
STREET ADDRESS **6014 NW 30TH WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

4/29/07 (861) 414-4688