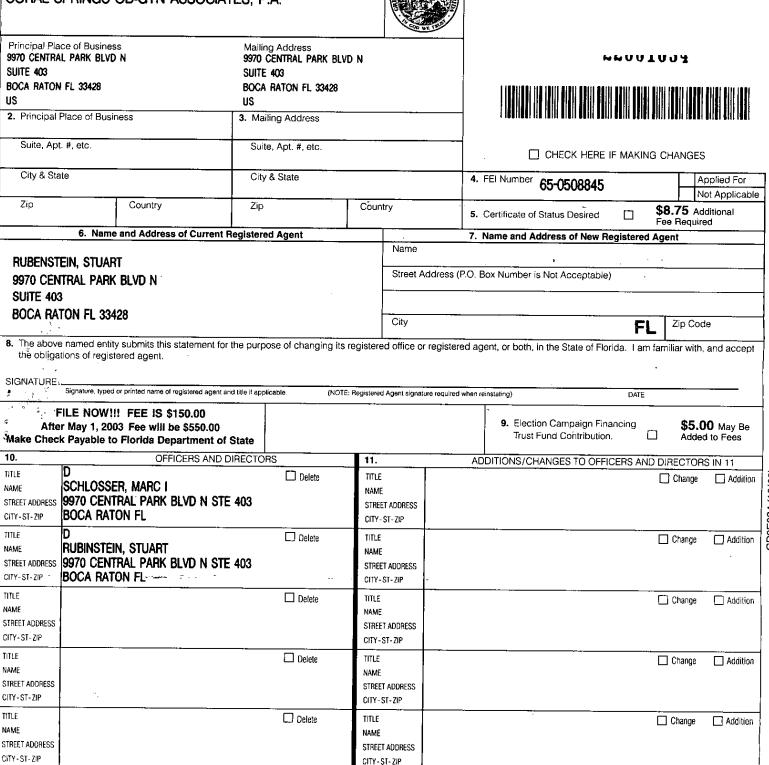
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P94000057755 DOCUMENT

1. Entity Name

CORAL SPRINGS OB-GYN ASSOCIATES, P.A.



supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lental report is true and accurate and that my signature shall have the same legal effect as if made under oath, they I am an officer or director receives employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the state of the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath, they have the same legal effect as if made under oath as if they have the same legal effect as if they have the same legal effect as if they have they have they have the same legal effect as if they have the same legal effect as if they have they have they have they have the same legal effect as if they have the same legal effect as if they have they have they have the same legal effect as if they have the have they have they have the 12. I hereby certify that the information indicated on this report or suprof the corporation or the received k 10 or Block 11 if changed, or on an attachme with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

Feb 03, 2003 8:00 am

FILED

Secretary of State

02-03-2003 90154 017 ***150.00

CR2E034 (10/02)