

FILE NOW: ~~25~~ FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000076427 (1)

1. Corporation Name

OMNI OBSTETRICS, GYNECOLOGY & FERTILITY CENTERS
OF FLORIDA, P.A.

Principal Place of Business

Mailing Address

706 W PLATT ST
TAMPA FL 33606
US

202 W. CARDY ST.
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

59-3273890

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 706 W PLATT ST

26 26 ADALIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Country

Zip

Country

24 33606

25 HILLSBOROUGH

29 33606

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

CHAMBLEE, JOHN J JR.
202 CARDY STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

PAWAN K RATTAN M.D.

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

26 ADALIA AVE

83

84 City

TAMPA

FL

85 Zip Code

33606

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

Pawan K. Rattan

PAWAN K RATTAN

PREPARED BY

4/28/98

Signature, typed or printed name of registered agent and his or her address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

1

NAME

D RATTAN, PAWAN K M.D.

STREET ADDRESS

26 ADALIA AVENUE

CITY-ST-ZIP

TAMPA FL 33606

TITLE

2

NAME

3

STREET ADDRESS

4

CITY-ST-ZIP

5

TITLE

6

NAME

7

STREET ADDRESS

8

CITY-ST-ZIP

9

TITLE

10

NAME

11

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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NAME

15

STREET ADDRESS

16

CITY-ST-ZIP

17

TITLE

18

NAME

19

STREET ADDRESS

20

CITY-ST-ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY-ST-ZIP

25

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. 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 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.

PAWAN K RATTAN (S/N) 251-2000

CR2E034 (10/97)