

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076787

FILED
Mar 06, 2006
Secretary of State

Entity Name: INSTITUTE OF OB/GYN, INC.

Current Principal Place of Business:

6700 CROSSWINDS DRIVE NORTH
STE 200A
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

6700 CROSSWINDS DRIVE NORTH
STE 200A
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3274037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, ROMEO JR
6700 CROSSWINDS DRIVE NORTH
STE 200A
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ACOSTA, ROMEO J MD
Address: 6700 CROSSWINDS DR., NO. #200-A
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D () Delete
Name: LORENZO, WILFREDO M
Address: 6700 CROSSWINDS DR., NO. #200-A
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S () Delete
Name: CALDERON, GUILLERMO E
Address: 6700 CROSSWINDS DR N STE 200A
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACOSTA, JR., ROMEO MD
Address: 6700 CROSSWINDS DR., NO. #200-A
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S (X) Change () Addition
Name: LORENZO, WILFREDO MD
Address: 6700 CROSSWINDS DR., NO. #200-A
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: T (X) Change () Addition
Name: CALDERON, GUILLERMO E
Address: 6700 CROSSWINDS DR N STE 200A
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMEO ACOSTA, JR., M.D.

P

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date