

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076787

FILED  
Mar 02, 2008  
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: P ( ) Delete  
Name: ACOSTA, JR., ROMEO MD  
Address: 6700 CROSSWINDS DR., NO. #200-A  
City-St-Zip: ST. PETERSBURG, FL 33710 US

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

Title: T ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MD

PRES

03/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date