

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000085568 (1)**

1. Corporation Name

OB/GYN ASSOCIATES OF BROWARD, P.A.



Principal Place of Business

Mailing Address

9750 NORTHWEST 33RD STREET
CORAL SPRINGS FL 33065

9750 NORTHWEST 33RD STREET
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R
507 SOUTHEAST 11TH COURT
FORT LAUDERDALE FL 33316

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/01/1995 | 3a. Date of Last Report 12-31-95 |
| 4. FEI Number 05-0540797 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | 85. Zip Code |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | OSMAN, KHADRIA M | |
| STREET ADDRESS | 9750 NORTHWEST 33RD STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | GREEN, LINDA D | |
| STREET ADDRESS | 9750 NORTHWEST 33RD STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | TAISENCHOY-BENT, FERN | |
| STREET ADDRESS | 9750 NORTHWEST 33RD STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MCKENZIE, CAROL A | |
| STREET ADDRESS | 9750 NORTHWEST 33RD STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* KHADRIA M. OSMAN 2/6/96 954-341-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)