

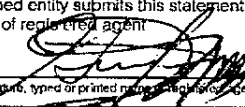
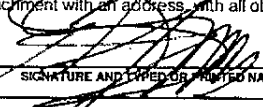


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000051079			
1. Entity Name QUINTANA OB-GYN SERVICES, P.A.			
Principal Place of Business 1717 SW NEWLAND WAY LAKE CITY, FL 32025 US		Mailing Address 1717 SW NEWLAND WAY LAKE CITY, FL 32025 US	
			
		02102004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3321889	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
QUINTANA, JOSE R MD 1717 SW NEWLAND WAY LAKE CITY, FL 32025			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		4/29/04	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-stating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSVD		
NAME	QUINTANA, JOSE R MD		
STREET ADDRESS	1717 NEWLAND WAY		
CITY-ST-ZIP	LAKE CITY, FL 32025		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/29/04 386-755-1157	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	