PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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, etc.	 ¬				5	. Certificate of Status Desires		
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	— ` [a	0				Personal Property Tax.		=
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9. Name and Address or Curre	Trag		81	Name				
WERT, JOHN W M.D.		ļ	82	Street Addi	ress	(P.O. Box Number is Not Acceptable)		ì
NORTH ORANGE AVENUE		ļ	-			<u></u>		
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			94	City			85 Zip (ode
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m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ua Stat	alco.	•		DATE		
Signature, typed or printed name of registered a	gent and and a department	_	d Agen	t signature requii	eu w	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	
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Mailing Address 2bilite D ORLANDO FL 32804 Country 2bilite Apt. #, etc. 27 City & State 28 Country 25 9. Name and Address of Current Registered Agent WERT, JOHN W M.D. NORTH ORANGE AVENUE E D ANDO FL 32804 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized egistered agent, or both, in the State of Florida. Such change was authorized m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized egistered agent, or both, in the State of Florida. Such change was authorized m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized egistered agent, or both, in the State of Florida. Such change was authorized egistered agent, or both, in the State of Florida. 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OFFICERS AND DIRECTORS D VAN WERT, JOHN W MD 3000 NORTH ORANGE AVENUE, SUITE D ORLANDO FL 32804 D CROFOOT, KYLE M MD 3000 NORTH ORANGE AVENUE, SUITE D ORLANDO FL 32804 D SARVOTHAM, GRACE MD 3000 NORTH ORANGE AVENUE, SUITE D ORLANDO FL 32804 D SARVOTHAM, GRACE MD 3000 NORTH ORANGE AVENUE, SUITE D ORLANDO FL 32804 ACITY-S SARVOTHAM, GRACE MD 33 STREE 33 STREE 34 ACITY-S 37 TITLE 33 STREE 34 ACITY-S 35 AND 35 STREE 36 STREE 36 SUITE D 37 DELETE 38 STREE 38 S	FLORIDA OB-GYN, P.A. of Business NGE AVENUE SUITE D ORLANDO FL 32804 Ce of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 25 3. Name and Address of Current Registered Agent WERT, JOHN W M.D. NORTH ORANGE AVENUE E D ANDO FL 32804 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coregistered agent, or both, in the State of Florida. Such change was authorized by the corporate of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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Mailing Address SINGE AVENUE SUITE D ORLANDO FL 32804 DO NOT WRITE IN THIS 3. Date incorporated or Qualified O9/20/1995 DO NOT WRITE IN THIS 3. Date incorporated or Qualified O9/20/1995 4. FEI Number 59-3337701 5. Certifate of Status Desired City & State City & State Country 25 28 Name and Address of Current Registered Agent Personal Property Tax. 9. Name and Address of Current Registered Agent WERT, JOHN W M.D. NORTH ORANGE AVENUE E D NORTH ORANGE AVENUE 18 Signature hysed or printed removed orgationed uplant and this if a spokacine for Cooper the obligations of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of familiar with, and accept the obligations of Section 607.0505, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of familiar with, and accept the obligations of Section 607.0505, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Sections 607.0502 and 607.1508, Florida Statules To the provisions of Section Control Control Control Control Control Control Control Contro	FLORIDA OB-GYN, P.A. 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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, with all other like empowered.

SIGNATURE:

FILED

Jan 22, 1999 8:00am

Secretary of State

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