

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000012673 (5)

1. Corporation Name

SOUTH BROWARD OB-GYN IPA, INC.

Principal Place of Business

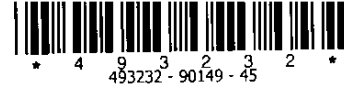
Mailing Address

6517 Taft Street  
Hollywood, FL 33024

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Hollywood, FL 33024

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90149 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0688319

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBER, GARY  
1011 N. 35TH AVE.  
HOLLYWOOD, FL 33021

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE  
NAME Venereo, Miguel MD  
STREET ADDRESS c/o MIH 6517 Taft Street  
CITY-ST-ZIP Hollywood, FL 33024

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Joanne M. Richards, MD  
1.3 STREET ADDRESS c/o MIH 6517 Taft Street  
1.4 CITY-ST-ZIP Hollywood, FL 33024

TITLE D ☐ DELETE  
NAME Robert C. Fields, MD  
STREET ADDRESS c/o MIH 6517 Taft Street  
CITY-ST-ZIP Hollywood, FL 33024

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME Marvin Newman, MD  
STREET ADDRESS c/o MIH 6517 Taft Street  
CITY-ST-ZIP Hollywood, FL 33024

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)