

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997-1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000100317			
1. Corporation Name OBSTETRICS & GYNECOLOGY SPECIALISTS, INC. 4030A Sheridan Street			
Principal Place of Business 4030A Sheridan Street Hollywood, Florida 333021		Mailing Address	
2. Principal Place of Business		3a. Date of Last Report	
21 4030A Sheridan Street Suite, Apt. #, etc.		12/11/1996	
22 City & State		4. FEL Number 65-0751496	
23 Hollywood, Florida		Applied For Not Applicable	
24 33021		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 4030A Sheridan Street Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
27 City & State		9. Name and Address of Current Registered Agent	
28 Hollywood, Florida		10. Name and Address of New Registered Agent	
29 33021		81 Name South Florida Registered Agents	
30 US		82 Street Address (P.O. Box Number is Not Acceptable) c/o Atlas, Pearlman, Trop & Borkson, P.A.	
83 City Fort Lauderdale		84 Zip Code FL 33301	
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 provisions of, Section 607.0505, Florida Statutes. Signature: P. Beverly S. King, President DATE: May 22, 1997			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE P D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME President/Director			
1.3 STREET ADDRESS Dr. Simon Weiss			
1.4 CITY-ST-ZIP 4030A Sheridan Street			
2.1 TITLE S T D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME Secretary/Treasurer/Director			
2.3 STREET ADDRESS Dr. Edward Wagner			
2.4 CITY-ST-ZIP 4030A Sheridan Street			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.			
SIGNATURE: [Signature] May 22, 1997 (954) 962-9801			

CR2E034 (3/96)