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FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000100317 (2)

1. Corporation Name

OBSTETRICS & GYNCOLOGY SPECIALISTS, INC.

Principal Place of Business

4030A SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address

4030A SHERIDAN STREET
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1996

4. FBI Number

65-0751496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30

Yes ☒ No ☐

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS
C/O STLAS, PEARLMAN, TROP & BORKSON, P.A.
200 E LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

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 607.1808, 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 607.0605, Florida Statutes.

SIGNATURE

Signature based on printed name of registered agent and not applicable

Signature of Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

PD
WEISS, SIMON DR
4030A SHERIDAN STREET
HOLLYWOOD FL 33021

12. TITLE ☐ DELETE

STD
WAGNER, EDWARD DR
4030A SHERIDAN STREET
HOLLYWOOD FL 33021

13. TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-ST-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-ST-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-ST-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. 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.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON MAKING THE SIGNATURE OFFICER OR DIRECTOR

CR2E034 (10/97)