## 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 # **P96000100317**1. Corporation Name

OBSTETRICS & GYNECOLOGY SPECIALISTS, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90160 036 \*\*\*150.00

Principal Place	e of Business	Mailing Address									
4030A SHERIDA HOLLYWOOD F	4030A SHERIDAN STREET HOLLYWOOD FL 33021										
						<u> </u>	DO NOT V		IIS SPACE		
		• • • • • • • • • • • • • • • • • • • •		•	.   ;	<ol> <li>Date Incorpora</li> <li>12/11/1996</li> </ol>		ied	·		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				Applie	ed For
21 450	D North park road	26 450 NOVAN	nul	14100	$\alpha d$	65-07514 <u>9</u> 6	3			Not A	pplicable
Suite, Apt.		Suite, Apt. #, etc.	7		'	5. Certifcate of S	atus Desired	d 🗆		<b>5</b> Add Requi	
City & State		City & State				6. Election Camp	aign Financi	ng _	\$5.	00 ма	v Be
23 +\C	ollywood FC	28 HOllywood	Country	PL		Trust Fund Co		ourropt vogs	Add	led to F	
_	5021 25 Chida	29 332021 30		JSA	.   '	Personal Prop		Julient year	Yes		No
24 00	9. Name and Address of Current			<u> ۷                                   </u>		0. Name and Ad	_ <del></del>	w Register			
SOUTH FLORIDA REGISTERED AGENTS C/O STLAS, PEARLMAN, TROP & BORKSON, P.A. 200 E LAS OLAS BLVD., SUITE 1900			81	Name		<u> </u>					
			82	Street A	Street Address (P.O. Box Number is Not Acceptable)						
			83	<u> </u>							
FOR	T LAUDERDALE FL 33301								11		
			84					F	·L	Zip Coc	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, And rocept the obligation	Florida. Such change was authorized	zed by	the corpo	corporati ration's	ion submits this si board of directors	atement for a	the purpose scept the ap-	of changing pointment a	) its reg s regist	gistered tered
SIGNATURE	Signature upped or printed name of registered agent a				auirad who	on rainstating)		_Fel	62,L	199	<del></del>
12.	OFFICERS AND		3.	ik signaloro io	940.00 4	ADDITIONS/CH	ANGES TO	OFFICERS	AND DIRE	CTORS	S IN 12
TITLE	PD	——————————————————————————————————————	1 TITLE				· · · · · · · · · · · · · · · · · · ·		Char		☐ Addition
NAME	WEISS, SIMON DR	1	2 NAME						-		
STREET ADDRESS	4030A SHERIDAN STREET			T ADDRESS	450	North	park	road	#50	0	
	HOLLYWOOD FL 33021		4 CITY-S		LJ (c	محديد بالل	· ~/	330	Ωl		
CITY-ST-ZIP	STD		1 TITLE	31-ZIF	1-0	llywood	PC	الحريد	<u> </u>	nge	Addition
NAME	WAGNER, EDWARD DR		2 NAME			North			•	_	
	4030A SHERIDAN STREET	<b>a</b> -		TADORESS	1151	NO(th	park	road	· Hoza	20	
STREET ADDRESS		1			404	مدسالم	~~!	c/ 2·	3/001		
CITY-ST-ZIP	HOLLYWOOD FL 33021		4 CITY-5 1 TITLE	51-ZIP	<u> </u>	ollywo	<del></del>		_ Chai	nge	Addition
TITLE										-	
NAME			2 NAMÉ	TADDOCCO							
STREET ADDRESS				TADDRESS							
CITY-ST-ZIP		P-4	4. CITY- 5	S1-ZIP					☐ Chai		Addition:
TITLÉ		_	1 TITLE							.g.	
NAME			2 NAME								
STREET ADDRESS				TADDRESS							
CITY-ST-ZIP			4 CITY-S	ST-ZIP					[7] (2)		☐ Addition
TITLE			1 TITLE						Chai	:yc	Addition
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STREET ADDRESS				TADDRESS							
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TITLE		E 5110.10	1 TITLE						Chai	ıge	☐ Addition
NAME			2 NAME								
STREET ADDRESS		•		TADDRESS							
0 TO / DT TID		6	4 CITY S	T-21P							

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 or an attachment with an address, with all other like empowered.

**SIGNATURE:**