2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055607

City-St-Zip:

Entity Name: CROSSINGS OB-GYN, P.A.

ALTAMONTE SPRINGS, FL 32714

FILED Apr 10, 2008 Secretary of State

Current F	Principal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
	BUG LAKE R	OAD			
290 OVIEDO,	FL 32765 U	JS			
Current N	/lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
1144 BRANTLEY ESTATES DR. ALTAMONTE SPRINGS, FL 32714			290	8000 RED BUG LAKE ROAD 290 OVIEDO, FL 32765 US	
FEI Number	r: 59-3445194	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent	: Name and Address	Name and Address of New Registered Agent:	
1144 BRA	OS, ERIC J INTLEY ESTA INTE SPRINGS				
	e named entity e of Florida.	submits this statement for t	he purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	EDWARDS, M) Delete D ERIC J EY ESTATES DRIVE	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC J EDWARDS MD P 04/10/2008