

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90080 050 ***150.00

DOCUMENT # P97000081757

1. Corporation Name

OBSTETRIX MEDICAL GROUP, INC.



Principal Place of Business

**5305 GREENWOOD AVENUE 927 45th St
SUITE 202 102
WEST PALM BEACH FL 33407
US**

Mailing Address

**1455 NORTH PARK DRIVE
FT LAUDERDALE FL 33326
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

65-0782153

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

927 45th St

2a. Mailing Address

1455 NORTH PARK DRIVE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33 407

Country

US

Zip

33

Country

US

9. Name and Address of Current Registered Agent

**JORDAN, BRUCE A
1455 NORTH PARK DRIVE
FORT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE

NAME **MEDEL, ROGER**
STREET ADDRESS **1455 N PARK DRIVE**
CITY-STATE-ZIP **FT LAUDERDALE FL 33326**

TITLE **S** ☐ DELETE

NAME **JORDAN, BRUCE**
STREET ADDRESS **1455 N PARK DRIVE**
CITY-STATE-ZIP **FT LAUDERDALE FL 33326**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Vico President**
1.3 STREET ADDRESS **Kristen Brattberg**
1.4 CITY-STATE-ZIP **1455 N. Park Drive**
Ft. Lauderdale, FL 33326

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Treasurer**
2.3 STREET ADDRESS **Karl Wagner**
2.4 CITY-STATE-ZIP **1455 N. Park Drive**
FT LAUDERDALE FL 33326

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Director**
3.3 STREET ADDRESS **Roger Medel**
3.4 CITY-STATE-ZIP **1455 N. Park Drive**
ft. Lauderdale, FL 33326

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Director**
4.3 STREET ADDRESS **E. ROE STAMPS, IV**
4.4 CITY-STATE-ZIP **1455 N. Park Drive**
FT. Lauderdale, FL 33326

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Director**
5.3 STREET ADDRESS **Michael Fernandez**
5.4 CITY-STATE-ZIP **1455 N. Park Drive**
FT. Lauderdale, FL 33326

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 (11/98)

0307650