

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000081757

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: OBSTETRIX MEDICAL GROUP, INC.

Current Principal Place of Business:

927 45TH ST.
SUITE 202
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1301 CONCORD TERRACE
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0782153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, CHARLENE
1301 CONCORD TERRACE
SUNRISE, FL 33323

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDEL, ROGER
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: P () Delete
Name: MCQUEEN, MIKE
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: V () Delete
Name: BRATBERG, KRISTEN
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: WAGNER, KARL
Address: 1301 CONCORD TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VS () Delete
Name: GILLON, BRIAN
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: V () Delete
Name: PALCZYNSKI, LETHA
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KARL WAGNER

T

01/22/2002

Electronic Signature of Signing Officer or Director

Date