2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P97000081757

Entity Name: OBSTETRIX MEDICAL GROUP, INC.

Current Principal Place of Business:

1301 CONCORD TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1301 CONCORD TERRACE
SUNRISE, FL 33323

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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: MEDEL, ROGER J
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 (X) Delete
Name: GILLON, BRIAN
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCQUEEN, MICHAEL
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: S (X) Change ( ) Addition
Name: HAWKINS, THOMAS W
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: TD (X) Change ( ) Addition
Name: WAGNER, KARL B
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: AS (X) Change ( ) Addition
Name: EVANS, JAMES P
Address: 1301 CONCORD TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33323

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 B. WAGNER TD 04/29/2004

Electronic Signature of Signing Officer or Director — Date