

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081761

1. Entity Name

OBSTETRIX MEDICAL GROUP OF FLORIDA, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90026 023 ***150.00

Principal Place of Business

Mailing Address

5305 GREENWOOD AVE
 SUITE 202
 WEST PALM BEACH FL 33407
 US

1455 N PARK DRIVE
 FT LAUDERDALE FL 33326-3215
 US

2. Principal Place of Business

3. Mailing Address

1301 CONCORD TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE FL

4. FEI Number

65-0782149

Applied For

Not Applicable

Zip

Country

Zip

Country

33323 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1301 CONCORD TERR

City

SUNRISE

FL

Zip Code

33323

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME MEDEL, ROGER
 STREET ADDRESS 1455 NORTH PARK DR
 CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE S
 NAME JORDAN, BRUCE
 STREET ADDRESS 1455 NORTH PARK DRIVE
 CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE V
 NAME BRATBERY, KRISTEN
 STREET ADDRESS 1455 N PARK DR
 CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME BRATBERY, KRISTEN
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE T
 NAME MULLEN, LARRY
 STREET ADDRESS 1455 N PARK DR
 CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☒ Delete

TITLE ☐ Change ☒ Addition
 NAME T
 STREET ADDRESS KARL WAGNER
 CITY-ST-ZIP 1301 CONCORD TERR
 SUNRISE FL 33323

TITLE D
 NAME MEDEL, ROGER
 STREET ADDRESS 1455 N PARK DR
 CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1301 CONCORD TERR
 CITY-ST-ZIP SUNRISE FL 33323

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

3/21/00

Date

Daytime Phone #

BRUCE A. JORDAN

CR20014 (3/99)