FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 29, 2001 8:00 am DOCUMENT # P97000081761 **Secretary of State** 1. Entity Name OBSTETRIX MEDICAL GROUP OF FLORIDA, INC. 03-29-2001 90397 011 ***150.00 Principal Place of Business Mailing Address 5305 GREENWOOD AVE 1301 CONCORD TERR SUITE 202 SUNRISE FL 33323 WEST PALM BEACH FL 33407 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0782149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent arren JORDAN, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 1301 CONCORD TERR Cancord SUNRISE FL 33323 City 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 (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) DITE ☐ Change TITI F 👿 Delete maqueen, mike MEDEL, ROGER NAME NAME STREET ADDRESS 1301 Concord Terr 1301 CONCORD TERR STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP SUNRISE FL 33323 <u>Sonrise Fl 33323</u> Delete ☐ Change Addition TITLE TITLE Gillon, Brian JORDAN, BRUCE NAME NAME 301 concord Terr STREET ADDRESS 1301 CONCORD TERR STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP Sunrise FL 33323 TITLE ☐ Delete TITLE ☐ Addition berg, Knisten NAME BRAYBERG, KRISTEN NAME STREET ADDRESS STREET ADDRESS 1301 CONCORD TERR 301 concord Terr CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Delete Addition TITLE NAME WAGNER, KARL NAME STREET ADDRESS 1301 CONCORD TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 TITLE □ Delete TITLE ☐ Change ☐ Addition MEDEL, ROGER NAME NAME STREET ADDRESS 1301 CONCORD TERR STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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