# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2011**
**Secretary of State**

DOCUMENT# P97000084609

**Entity Name:** SOUTH FLORIDA OBSTETRICAL AND GYNECOLOGICAL SERVICES, P.A.

**Current Principal Place of Business:**

5975 W. SUNRISE BLVD.
SUITE 105
SUNRISE, FL 33313 US

**New Principal Place of Business:**

209 SW 84TH AVENUE
PLANTATION, FL 33324 US

**Current Mailing Address:**

P.O. BOX 17735
PLANTATION, FL 33318 US

**New Mailing Address:**

**FEI Number: 65-0784544** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CECILLE, ALEXIS
1241 SW 87TH TERRACE
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

**OFFICERS AND DIRECTORS:**

Title: P
Name: ALEXIS, RENEE
Address: 209 SW 84TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

Title: VP
Name: ALEXIS, M.D., WINSTON L
Address: 209 SW 84TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

I hereby 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 all other like empowered.

SIGNATURE: CECILLE ALEXIS RA 04/29/2011

Electronic Signature of Signing Officer or Director Date