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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000026321**

1. Corporation Name
PERINATAL SPECIALISTS OF THE PALM BEACHES, INC.



Principal Place of Business
 505 SOUTH FLAGLER DRIVE
 SUITE 1330
 WEST PALM BEACH FL 33401

Mailing Address
 505 SOUTH FLAGLER DRIVE
 SUITE 1330
 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1998

2. Principal Place of Business
 21 **1515 N. Flagler Dr**
 Suite/Apt. #, etc. **Suite 700**
 City & State **W. Palm Beach FL**
 Zip **33401** Country

2a. Mailing Address
 26 **1515 N. Flagler Dr**
 Suite/Apt. #, etc. **Suite 700**
 City & State **W. Palm Beach FL**
 Zip **33401** Country

4. FEI Number
65-0822349

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DUBOIS, SILVIA R
 505 SOUTH FLAGLER DRIVE
 SUITE 1330
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **John Burigo**

82 Street Address (P.O. Box Number is Not Acceptable)
1515 N. Flagler Drive

83 **Suite 700**

84 City **W Palm Beach** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/9/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	President
NAME	DUBOIS, SILVIA	1.2 NAME	Debra Jones, M.D.
STREET ADDRESS	505 SOUTH FLAGLER DRIVE	1.3 STREET ADDRESS	1515 N Flagler Drive #700
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	W. Palm Beach FL 33401
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	John Burigo M.D.
STREET ADDRESS		2.3 STREET ADDRESS	1515 N. Flagler Drive #700
CITY-ST-ZIP		2.4 CITY-ST-ZIP	W. Palm Beach FL 33401
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	Ronald Koch
STREET ADDRESS		3.3 STREET ADDRESS	1515 N Flagler Drive #700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE		4.1 TITLE	Treasurer
NAME		4.2 NAME	Robert Gordon
STREET ADDRESS		4.3 STREET ADDRESS	1515 N Flagler Dr #700
CITY-ST-ZIP		4.4 CITY-ST-ZIP	W. Palm Beach FL 33401
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/8/99** DAYTIME PHONE #: **561 802 5304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)