

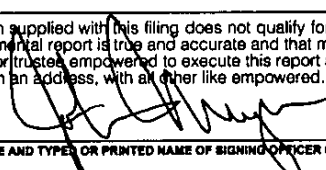


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000045614</b>		
1. Entity Name OB-GYN HEALTH CENTER, P.A.		
Principal Place of Business 1445 DUNN AVENUE DAYTONA BEACH, FL 32114	Mailing Address 1445 DUNN AVENUE DAYTONA BEACH, FL 32114	 01222007 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  DESILVA, CHRISTINE M.D. 1445 DUNN AVENUE DAYTONA BEACH, FL 32114		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MEYERS, JOHN M.D. 1445 DUNN AVENUE DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DASILVA, CHRISTINE M.D. 1445 DUNN AVE DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		John Meyers 1/22/07 386 258 0123
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #