

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 002 ***150.00

DOCUMENT # P98000045614

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

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3508060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DaSilva
~~DESILVA~~, CHRISTINE M.D.
1445 DUNN AVENUE
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MEYERS, JOHN M.D.
STREET ADDRESS	1445 DUNN AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VS
NAME	DASILVA, CHRISTINE M.D.
STREET ADDRESS	1445 DUNN AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Meyers
John Meyers

Date

4/29/08

Daytime Phone #

386258013