2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P98000045614

Entity Name: OB-GYN HEALTH CENTER, P.A.

Current Principal Place of Business:

1445 DUNN AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

769 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

Current Mailing Address:

1445 DUNN AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

769 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

FEI Number: 59-3508060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DASILVA, CHRISTINE MD
1445 DUNN AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

DASILVA, CHRISTINE MD
769 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US

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: CHRISTINE DASILVA, M.D 06/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: MEYERS, JOHN M.D.
Address: 1445 DUNN AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VS ( ) Delete
Name: DASILVA, CHRISTINE M.D.
Address: 1445 DUNN AVE
City-St-Zip: DAYTONA BEACH, FL 32114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: MEYERS, JOHN M.D.
Address: 769 NORTH CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VS (X) Change ( ) Addition
Name: DASILVA, CHRISTINE M.D.
Address: 769 NORTH CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN MEYERS, M.D PT 06/23/2009
Electronic Signature of Signing Officer or Director Date