

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045614

FILED
Aug 26, 2010
Secretary of State

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

Current Principal Place of Business:

769 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

769 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

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
769 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

SUSAN B. GLASS C.P.A. P.A.
100 LACOSTA LANE
STE 140
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: SUSAN B. GLASS, C.P.A.

08/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VS
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 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: JOHN MEYERS

PT

08/26/2010

Electronic Signature of Signing Officer or Director

Date