

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2007 8:00 am
Secretary of State

03-01-2007 90011 007 ***150.00

DOCUMENT # P98000072842 1. Entity Name HIBISCUS OB/GYN PHYSICIANS, P.A.					
Principal Place of Business 330 E HIBISCUS BLVD MELBOURNE, FL 32901			Mailing Address 330 E HIBISCUS BLVD MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3528184	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAGAMAN, REBECCA 330 E HIBISCUS BLVD MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
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	D / S / Y WAGAMAN, REBECCA 2727 N HWY A1A #505 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
D / P ZYLMAN, PATRICIA M. 330 E. HIBISCUS BOULEVARD MELBOURNE, FLORIDA 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D / VP WOLK, BRADFORD J. 330 E. HIBISCUS BOULEVARD MELBOURNE, FLORIDA 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 titles empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					

ATTACHMENT
66005713
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

Hibiscus OB/GYN Physicians, PA

DOCUMENT NUMBER:

P9 8000072842

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cherie Mistretta

(Name of Contact Person)

Hibiscus OB/GYN

(Firm/ Company)

330 E. Hibiscus Blvd

(Address)

Melbourne, FL 32901

(City/ State and Zip Code)

For further information concerning this matter, please call:

Cherie Mistretta

(Name of Contact Person)

at (321) 725-1530 x 249

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301