

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000086716

1. Entity Name  
BOCA RATON OBSTETRICS AND GYNCOLOGY, INC.



Principal Place of Business  
901 MEADOWS ROAD, SUITE C  
BOCA RATON, FL 33486

Mailing Address  
901 MEADOWS ROAD, SUITE C  
BOCA RATON, FL 33486

2. Principal Place of Business  
*660 GRADES RD*  
Suite, Apt. #, etc.  
*240*

3. Mailing Address  
*660 GRADES RD*  
Suite, Apt. #, etc.  
*240*

City & State  
*BOCA RATON, FL*  
Zip  
*33431* Country  
*USA*

City & State  
*BOCA RATON, FL*  
Zip  
*33431* Country  
*USA*

11232005 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0868585

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JENNINGS, EDWARD J ESQ  
200 SE 18TH COURT  
FORT LAUDERDALE, FL 33316

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
*FL* Zip Code

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)

*11/20/05*  
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEN, RICHARD A DR.	
STREET ADDRESS	<del>901 MEADOWS ROAD, SUITE C</del> <i>660 GRADES RD</i>	
CITY-ST-ZIP	BOCA RATON, FL 33486	<i>240</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANN, GEOFFREY J DR.	
STREET ADDRESS	<del>901 MEADOWS ROAD, SUITE C</del> <i>660 GRADES RD</i>	
CITY-ST-ZIP	BOCA RATON, FL 33486	<i>240</i>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>500061913295</i>	
CITY-ST-ZIP	<i>12/05/05--01061--009</i>	<i>**150.00</i>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

*Richard A. Conlen, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/23/05*

FILED  
05 DEC -5 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

