
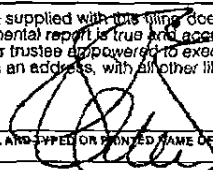


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000086716		
1. Entity Name BOCA RATON OBSTETRICS AND GYNECOLOGY, INC.		
Principal Place of Business 660 GLADES RD 240 BOCA RATON, FL 33431	Mailing Address 660 GLADES RD 240 BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JENNINGS, EDWARD J ESQ 200 SE 18TH COURT FORT LAUDERDALE, FL 33316		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 CONLEN, RICHARD A DR. 660 GLADES RD #240 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANN, GEOFFREY J DR. 660 GLADES RD #240 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.		
SIGNATURE: X 		Date 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____



02162005 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0868585

Applied For
Not Applicable

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

0000000457421
03/17/06 00003-023 150.00

**DO NOT WRITE
IN THIS SPACE**