

08041999-90011-038-\$550.00-\$550.00
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90011 038 ***550.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P98000100458

1. Corporation Name
MARIANNA OB/GYN ASSOCIATES, P.A.

Principal Place of Business
**4230 HOSPITAL DRIVE, SUITE 202
MARIANNA FL 32446**

Mailing Address
**4230 HOSPITAL DRIVE, SUITE 202
MARIANNA FL 32446**

2. Principal Place of Business
21 Suite, Apt. #, etc. **Suite 210**
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc. **Suite 210**
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12/02/1998

4. FEI Number
593537638

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property. Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**ORIA, GONZALO A
4230 HOSPITAL DRIVE, SUITE 202
MARIANNA FL 32446**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4230 Hospital Drive, Suite 210
83 City
84 State
FL
85 Zip Code

11. Pursuant to the provisions of sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0500, Florida Statutes.

SIGNATURE: _____

12. SIGNATURES OF OFFICERS AND DIRECTORS

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP	ORIA, GONZALO A 4230 HOSPITAL DRIVE, SUITE 202 MARIANNA FL 32446
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP	MUNIZ, ORLANDO 4230 HOSPITAL DRIVE, SUITE 202 MARIANNA FL 32446
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP	
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP	
12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP	
12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-STATE-ZIP	
12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-STATE-ZIP	
12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-STATE-ZIP	
12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY-STATE-ZIP	
12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing document complies for the description stated in section 190.07001, Florida Statutes. I further certify that the information indicated on this annual report or supplemental record 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 an authorized signatory to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

7/30/99

SIGNATURE: _____