

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100458

FILED
May 07, 2007
Secretary of State

Entity Name: MARIANNA OB/GYN ASSOCIATES, INC.

Current Principal Place of Business:

4230 HOSPITAL DRIVE
SUITE 209
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

4230 HOSPITAL DRIVE
SUITE 209
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-3537638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORIA, GONZALO A
4230 HOSPITAL DR
SUITE 209
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

MUNIZ, ORLANDO S MD
4230 HOSPITAL DR
SUITE 209
MARIANNA, FL 32446 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: ORLANDO S. MUNIZ, MD 05/07/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORIA, GONZALO A
Address: 4230 HOSPITAL DR STE 209
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Delete
Name: MUNIZ, ORLANDO
Address: 4230 HOSPITAL DR STE 209
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MUNIZ, ORLANDO S
Address: 4230 HOSPITAL DR STE 209
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ORLANDO S. MUNIZ MD 05/07/2007
Electronic Signature of Signing Officer or Director Date