## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102322

1. Corporation Name

OB/GYN SPECIALISTS OF SOUTH FLORIDA, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90244 028 \*\*\*150.00



Principal Place of Business	Mailing Address		, 1941	
2611 POINSETTIA AVENUE	2611 POINSETTIA AVENUE			
WEST PALM BEACH FL 33407	WEST PALM BEACH FL 3340	7	DO NOT WRITE IN THIS	COACE
				3 SPACE
			3. Date Incorporated or Qualifed	
			12/07/1998	
2. Principal Place of Business	2a. Mailing Address	- / h	4. FEI Number	Applied For
	VER DAVE 26 1515 No 1	Hasker Di	rue 65-0882387	Not Applicable
Suite Apt. #_etc.	Suite, Apt. #, etc.	700	5. Certificate of Status Desired	- \$8.75 Additional -
22 30/28 100	27 5011-6 /	<i>7</i> 00		Fee Required
City & State Palm	Bruch 28 West Park	n Beach	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio	Palm Bach 29 3340/	Country PulmBe	8. This corporation owes the current year In Personal Property Tax.	itangible □ Yes No
9. Name and A	Address of Current Registered Agent		10. Name and Address of New Registered	Agent
		81 Name	John Burian	
dubois, silvia r		82 Street	ddress (P.O. Box Number is Not Acceptable)	
505 SOUTH FLAGLER DRIVE STE. 1330			15 No. Flagler D	IVE
WEST PALM BEACH FL 33401			to 700	
		د 📙	0100 100	
		84 City	Pulm Beach Fl	- 85 3340/
11. Pursuant to the provisions of	f Sections 607.0502 and 607.1508, Florida Statute	s, the above-named of	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the appo	f changing its registered
οπice or registered agent, or agent. I am familiar with, and	r both, in the state of Florida. Such change was au d accept the obligations of, Section 607.0505, Flori	da Statutes.	Tation's board of directors. Thereby accept the appo	marioni da registorea
(//////////////////////////////////////	- Williams	John A.	Buren 1/22/4	<i></i>
SIGNATURE Signature opes or printe	ed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE SPD	DELETE	1.1 TITLE	president,	Change Addition
NAME BURIGO, JOHN	I A	1.2 NAME	Ronald Koch,	10 16 721
STREET ADDRESS 2611 POINSETT		1.3 STREET ADDRESS	Konald Kolling Driv	1e #700
CITY-ST-ZIP WEST PALM BE		1.4 CITY-ST-ZIP	11. Palm Bruch F	233401
TITLE	☐ DELETE	2.1 TITLE	John Burigo,	Change Addition
NAME		2.2 NAME	VICE President	, -
STREET ADDRESS		2.3 STREET ADDRESS	VICE PIESICIENT	
			- Same addves	ς
CITY-ST-ZIP	DELETE	3.1 TITLE	Secretary - Transurer Sharon Ross	Change Addition
TITLE		33 1112	secretary reasoner	
NAME		3.2 NAME	sharon noss	
STREET ADDRESS			same	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		Change K Addition
TITLE	☐ DELETE	4.1 TITLE	Director	L'onarige Anouidon
NAME		4.2 NAME	melanie Bone	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	same	
TITLE	☐ DELETE	5.1 TITLE	DICECTOR	☐ Change ☐ Addition
NAME		5.2 NAME	Robert Gordon	`
STREET ADDRESS		5.3 STREET ADORESS	CONTRACT COTACOT	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	same	_
TITLE	□ DELETE	6.1 TITLE	Divertois	Change Addition
NAME		6.2 NAME	DITECTOR _	•
		6.3 STREET ADDRESS	Debra Jones	
STREET ADDRESS				ſ

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP