

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000061242**1. Entity Name
CENTRAL FLORIDA OB/GYN SPECIALISTS, INC.Principal Place of Business
5 ISLAND DRIVE
LAKE MARY FL LAKE MARY FL
32746 32746Mailing Address
5 ISLAND DRIVE
LAKE MARY FL
32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3588149

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUHRING DENNIS J
5 ISLAND DRIVELAKE MARY FL
32746

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/30/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GERKOVICH JACK MD
STREET ADDRESS 1309 WATERWITCH COVE CIR
CITY-ST-ZIP ORLANDO FL 32806TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BIELAWNY MARK MD
STREET ADDRESS 214 N BROWN AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME DANNA PENNY MD
STREET ADDRESS 1222 HERON DR
CITY-ST-ZIP ORLANDO FL 32803TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME PERRY PETER MD
STREET ADDRESS 4865 RED BRICK RUN
CITY-ST-ZIP SANFORD FL 32771TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME FAMELLA JOHN JR MD
STREET ADDRESS 8401 VINTAGE DR
CITY-ST-ZIP ORLANDO FL 32835TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME MCLEOD SAMUEL III MD
STREET ADDRESS 2931 CULLEN LAKE SHORE
CITY-ST-ZIP ORLANDO FL 32812TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel L. McLeod, III, M.D.

PD

03/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

D - GREGORY ZITTEL, M.D.
232 NEW GATE LOOP

HEATHROW, FL 32746

D - TERRENCE PEPPY, M.D.
3361 S. KIRKMAN RD
APARTMENT 810
ORLANDO, FL 32811

D - JOSE LOPEZ-CINTRON, M.D.
208 NEW GATE LOOP

HEATHROW, FL 32746

D - ROBERT BOWLES, M.D.
495 FAWN HILL PL

LAKE FOREST, FL 32771

D - LEROY RAPHAEL, M.D.
1617 BILLINGSHURST

ORLANDO, FL 32825

D - ALEJANDRO PENA
3177 BUTLER BAY DR. N.

WINDERMERE, FL 34786

D - BARBARA HARRIS, M.D.
1600 S SR 415

NEW SMYRNA BEACH, FL. 32168

D - VIRGIL DAVILA, M.D.
585 DUNMAR CIRCLE

WINTER SPRINGS, FL. 327808

D - MARC BISCHOF, M.D.
3330 FLORENE DDRIVE

ORLANDO, FL. 32806

D - VIRGIL DAVILA, M.D.

D - MARC BISCHOF, M.D.
3330 FLORENE DDRIVE
ORLANDO, FL. 32806