

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061242

FILED
Jan 19, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA OB/GYN SPECIALISTS, INC.

Current Principal Place of Business:

5 ISLAND DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

5 ISLAND DRIVE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3588149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUHRING, DENNIS J
455 WEST WARREN AVENUE
LONGWOOD, FL 32750

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLEOD, SAMUEL III MD
Address: 2931 CULLEN LAKE SHORE
City-St-Zip: ORLANDO, FL 32812

Title: VD () Delete
Name: FAMELLA, JOHN JR MD
Address: 8401 VINTAGE DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: PERRY, PETER MD
Address: 4865 RED BRICK RUN
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: DANNA, PENNY MD
Address: 1222 HERON DR
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: BIELAWNY, MARK MD
Address: 214 N BROWN AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: GERKOVICH, JACK MD
Address: 1309 WATERWITCH COVE CIR
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL L. MCLEOD, III, M.D.

PD

01/19/2004

Electronic Signature of Signing Officer or Director

Date