

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91385 028 ***150.00

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AV

DOCUMENT # P99000061242

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



Principal Place of Business
**5 ISLAND DRIVE
LAKE MARY FL 32746**

Mailing 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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCLEOD, SAMUEL III MD
2931 CULLEN LAKE SHORE
ORLANDO FL 32812** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FAMELLA, JOHN JR MD
8401 VINTAGE DR
ORLANDO FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERRY, PETER MD
4865 RED BRICK RUN
SANFORD FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANNA, PENNY MD
1222 HERON DR
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BIELAWNY, MARK MD
214 N BROWN AVE
ORLANDO FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERKOVICH, JACK MD
1309 WATERWITCH COVE CIR
ORLANDO FL 32806** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

407-262-5715

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
90126573
P99000001242

#11 OFFICERS AND DIRECTORS

Title: Name: Street Address: City-St-Zip:	S Dennis Buhring 5 Island Drive Lake Mary, FL 32746	Title: Name: Street Address: City-St-Zip:	D Robert Bowles, M.D. 495 Fawn Hill Place Lake Forest, FL 32771
Title: Name: Street Address: City-St-Zip:	D Terrence Peppy, M.D. 12867 Butler Bay Ct Windermere, FL 34786	Title: Name: Street Address: City-St-Zip:	D Virgil Davila, M.D. 585 Dunmar Circle Winter Springs, FL 32708
Title: Name: Street Address: City-St-Zip:	D Gregory Zittel, M.D. 232 New Gate Loop Heathrow, FL 32746	Title: Name: Street Address: City-St-Zip:	D Leroy Raphael 1617 Billingshurst Orlando, FL 32825
Title: Name: Street Address: City-St-Zip:	D Marc Bischof, M.D. 3330 Florene Dr Orlando, FL 32806	Title: Name: Street Address: City-St-Zip:	D Alejandro Peña, M.D. 3177 Butler Bay Dr N Windermere, FL 34786
Title: Name: Street Address: City-St-Zip:	D Barbara Harris, M.D. 1600 S SR 415 New Smyrna Beach, FL 32168	Title: Name: Street Address: City-St-Zip:	