

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062058

Entity Name: VOLUSIA OB/GYN, P.A.

FILED  
Jan 31, 2007  
Secretary of State

## Current Principal Place of Business:

500 HEALTH BLVD  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

500 HEALTH BLVD  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 65-0931356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERA, RICHARD ESQ.  
418 BLACK OAK LANE  
DAYTONA BEACH, FL 32174 US

## Name and Address of New Registered Agent:

RIVERA, RICHARD  
418 BLACK OAK LANE  
DAYTONA BEACH, FL 32174 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: RICHARD RIVERA

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: TAPIA-SANTIAGO, CECILLE A  
Address: 418 BLACK OAK LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR ( ) Delete  
Name: HADDOX, LINDA  
Address: 1516 NORTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR ( ) Delete  
Name: DESAI, MEETESH  
Address: 205 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CECILLE TAPIA-SANTIAGO

DR

01/31/2007

Electronic Signature of Signing Officer or Director

Date