

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49403

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA OB - GYN ASSOCIATES, P.A.

**Current Principal Place of Business:**

3220 S. DOUGLAS ROAD, STE B  
MIRAMAR, FL 330259734

**New Principal Place of Business:**

**Current Mailing Address:**

3220 S. DOUGLAS ROAD, STE B  
MIRAMAR, FL 330259734

**New Mailing Address:**

1951 SW 172ND AVENUE  
SUITE 300  
MIRAMAR, FL 33029

**FEI Number:** 65-0261609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIELDS, ROBERT C.  
3220 DOUGLAS RD  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

FIELDS, ROBERT C.  
1951 SW 172ND AVENUE  
SUITE 300  
MIRAMAR, FL 33029 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:** ROBERT C. FILEDS

04/28/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** FIELDS, ROBERT C.,  
**Address:** 3220 DOUGLAS RD  
**City-St-Zip:** MIRAMAR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** FIELDS, ROBERT C.,  
**Address:** 1951 SW 172ND AVENUE, SUITE 300  
**City-St-Zip:** MIRAMAR, FL 33029

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:** ROBERT FIELDS

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date