FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **V10429** **(1)**

1. Corporation Name

OB-GYN ASSOCIATES OF PINELLAS COUNTY, P.A.

Principal Place of Business	Mailing Address
508 JEFFORDS STREET SUITE C CLEARWATER FL 34616	508 JEFFORDS STREET SUITE C CLEARWATER FL 34616

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **02/01/1992**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-3103523**

Applied For

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSEWATER, STANLEY
508 JEFFORDS STREET
SUITE C
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1 TITLE	☐ Change	☐ Addition
NAME	ROSEWATER, STANLEY		2 NAME		
STREET ADDRESS	508 JEFFORDS ST. S-C		3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5 TITLE	☐ Change	☐ Addition
NAME	HOCHBERG, CHARLES		6 NAME		
STREET ADDRESS	508 JEFFORDS ST. S-C		7 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		8 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	9 TITLE	☐ Change	☐ Addition
NAME	LERNER, SAUL		10 NAME		
STREET ADDRESS	508 JEFFORDS ST. S-C		11 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		12 CITY-ST-ZIP		
TITLE		☐ DELETE	13 TITLE	☐ Change	☐ Addition
NAME			14 NAME		
STREET ADDRESS			15 STREET ADDRESS		
CITY-ST-ZIP			16 CITY-ST-ZIP		
TITLE		☐ DELETE	17 TITLE	☐ Change	☐ Addition
NAME			18 NAME		
STREET ADDRESS			19 STREET ADDRESS		
CITY-ST-ZIP			20 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE	☐ Change	☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: Charles S. Hochberg MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S. Hochberg MD Director

11/12/96
DATE

(813)461-2757
DAYTIME TELEPHONE NUMBER