

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000026321

**Entity Name:** PERINATAL AND GYNECOLOGIC SPECIALISTS OF THE PALM BEACHES, INC.

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC9300700498**

**Current Principal Place of Business:**

2979 PGA BLVD, #200  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

2979 PGA BLVD, #200  
PALM BEACH GARDENS, FL 33410

**FEI Number: 65-0822349**

**Certificate of Status Desired: No**

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

BURIGO, JOHN  
2979 PGA BLVD  
STE 200  
PALMBAECH GARDENS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JONES, DEBRA  
Address 2979 PGA BLVD, #200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VPD  
Name BURIGO, JOHN  
Address 1515 N FLAGLER DR. #7002979 PGA BLVD, #200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SD  
Name KOCH, RONALD  
Address 1515 N FLAGLER DR #700  
City-State-Zip: W PALM BCH FL 33401

Title TD  
Name GORDON, ROBERT  
Address 1515 N FLAGLER DR #700  
City-State-Zip: W PALM BCH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN BURIGO**

**VP**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date