



E-FILED

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

05265001

DUE ON OR BEFORE 01/10/2016

FILING FEE \$45

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1522 & 10-11522 for all organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A. 121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or correct necessary. Information for the report should reflect the current status of the corporation.

- 01326400
1. MARICOPA OBSTETRICS AND GYNECOLOGY ASSOCIATES, LTD.
1661 E CAMELBACK RD
SUITE 160
PHOENIX, AZ 85016

Business Phone:
State of Domicile: AZ

(Business phone is optional.)

Type of Corporation: PROFESSIONAL

- 2. Statutory Agent: HILLIGAN LAWLESS PC
Mailing Address: 5050 N 40TH ST STE 200
City, State, Zip: PHOENIX, AZ 85018

Statutory Agent's Street or Physical Addr
Physical Address:
City, State, Zip:

ACC USE ONLY
Fee \$ 45
Penalty \$ 0
Reinstates \$ 0
Expedites \$ 35
Resubmits \$

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona, (individuals) or via, (corporation or limited liability company) having been designated the new Stat do hereby consent to this appointment until my removal or resignation pursuant to law.
Signature of new Statutory Agent
Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

4. CHARACTER OF BUSINESS

HEALTH CARE

Received: 10/12/2015 11:35

01326400 MARICOPA OBSTETRICS AND GYNECOLOGY ASSOCIATES, LTD.

5. CAPITALIZATION: (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)
 Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest.

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
150	COMMON	

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine minutes for the number of **shares issued**.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
150	COMMON	

6. SHAREHOLDERS: (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)
 List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than 20% interest in the corporation.

NONE

7. OFFICERS

Name: MICHAEL A URIG
 Title: PRESIDENT
 Address: 2934 EAST ELM
 PHOENIX, AZ 85016
 Date Taking Office: 01/13/2005

Name: LEXINE HEBETS
 Title: SECRETARY
 Address: 4001 N. 45TH STREET
 PHOENIX, AZ 85008
 Date Taking Office: 07/16/1999

Name: CELESTE POTTORFF
 Title: VICE-PRESIDENT
 Address: 2329 N RECKER, #68
 MESA, AZ 85215
 Date Taking Office: 08/01/2013

Name: BROCK C JACKSON
 Title: VICE-PRESIDENT
 Address: 2936 E. COMSTOCK DR
 GILBERT, AZ 85296
 Date Taking Office: 03/01/2005

8. DIRECTORS

Name: LEXINE HEBETS
 Address: 4001 N. 45TH STREET
 PHOENIX, AZ 85008
 Date Taking Office: 07/16/1999

Name: MICHAEL A URIG
 Address: 2934 EAST ELM STREET
 PHOENIX, AZ 85018
 Date Taking Office: 10/01/1999

Name:
 Address:
 Date Taking Office:

Name:
 Address:
 Date Taking Office:

AR:0046
Rev. 12/2008

Arizona C

01326400 MARICOPA OBSTETRICS AND GYNECOLOGY ASSOCIATES, LTD.

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits – if your annual report is due on or before September 25, 2008, you must attach a financial statement (e.g. income balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. Cooperative marketing associations must in all cases submit a financial statement. All other forms of corporations are required to submit a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**9A. MEMBERS (A.R.S. §10-11622(A)(6))**This corporation **DOES** DOES NOT **10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(6) & 10-11622(A)(7))**

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Subject to an Injunction, Judgment, decree or permanent order of any state or federal court entered within the seven year period preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: YES

If "YES" to A, the following information must be submitted as an attachment to this report for each person subject to the actions stated in items 1 through 3 above.

- | | |
|---|--|
| 1. Full birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. The nature and description of each action; the date and location; the court involved; and the file or cause number. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation's statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

A. Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES**

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation with bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be considered false. I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and

Name Michael A Urig

Date 10/12/2015

Signature Michael A Urig

Title PRESIDENT

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

AR-0046
Rev. 12/2008

Arizona C

01326400 MARICOPA OBSTETRICS AND GYNECOLOGY ASSOCIATES, LTD.

Additional Officers

Name: STACI MAYER
Title: VICE-PRESIDENT
Address: 725 CITRUS WAY
 PHOENIX, AZ 85013
Date Taking Office: 09/01/2003

Name: Laura Mercer
Title: VICE-PRESIDENT
Address: 1952 E Luke Ave
 Phoenix, AZ 85016
Date Taking Office: 07/01/201

