

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020837

**FILED  
Apr 16, 2009  
Secretary of State**

**Entity Name:** OBSTETRICS AND GYNECOLOGY ASSOCIATES OF KENDALL, LLC

**Current Principal Place of Business:**

9595 N KENDALL DR  
STE 103  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

3225 AVIATION AVE., SUITE 500  
MIAMI, FL 331334741

**New Mailing Address:**

FEI Number: 54-2129332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

YELEN, MITCHELL A  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 331334741 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: BOVETT, ROBERT MD  
Address: 8955 SW 87 COURT, # 214  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCISCO J LEON

MR

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date