

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044763

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA GYNECOLOGIC ONCOLOGY ASSOCIATES, LLC

**Current Principal Place of Business:**

951 NW 13TH STREET  
1B  
BOCA RATON, FL 33486

**New Principal Place of Business:**

401 WEST LINTON BLVD.  
300  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

P.O. BOX 3026  
HALLANDALE, FL 33008

**New Mailing Address:**

FEI Number: 20-2885508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STRICKLIN, JAIME A ESQ  
1500 W. CYPRESS CREEK ROAD  
305  
FORT LAUDERDALE, FL 33309 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: MGR ( ) Delete  
Name: COMPREHENSIVE GYNECO, LOGIC ONCOLOGY , PA  
Address: 951 NW 13 STREET, SUITE 1B  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: SOUTH FLORIDA CENTER, FOR GYNECOLOG I C ONCOL  
Address: 670 GLADES ROAD, SUITE 300  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COMPREHENSIVE GYNECO, LOGIC ONCOLOGY , PA  
Address: 401 W LINTON BLVD SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Change ( ) Addition  
Name: SOUTH FLORIDA CENTER, FOR GYNECOLOG I C ONCOL  
Address: 6200 N FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33487

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: COMPREHENSIVE GYNECOLOGIC ONCOLOGY PA      MGR      01/24/2008

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