

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033561

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** COLLIER OBGYN ASSOCIATES, PL

**Current Principal Place of Business:**

775 1ST AVENUE NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

775 1ST AVENUE NORTH  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MINCK, LINDA R ESQ.  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 34108 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  
Name: GAUTA, JOSEPH  
Address: 1890 SW HEALTH PARKWAY, #205  
City-St-Zip: NAPLES, FL 34109

Title: MGR  
Name: KAMERMAN, MAX L  
Address: 775 1ST AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102

Title: MGR  
Name: MCLEAN, WALLACE W  
Address: 775 1ST AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102

I hereby 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: JOSEPH GAUTA

MGR

01/05/2011

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