2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L03000008649

Entity Name: OB/GYN SPECIALISTS PROPERTY, LLC

Current Principal Place of Business:

1515 NORTH FLAGLER DRIVE, STE 700
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 NORTH FLAGLER DRIVE, STE 700
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 04-3753686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURIGO, JOHN
1515 NORTH FLAGLER DRIVE, STE 700
WEST PALM BEACH, FL 33401 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: BURIGO, JOHN
Address: 1515 NORTH FLAGLER DRIVE, STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete
Name: GORDON, ROBERT
Address: 1515 NORTH FLAGLER DRIVE, STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PRES ( ) Delete
Name: KOCH, RONALD
Address: 1515 NORTH FLAGLER DRIVE STE 700
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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

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: JOHN BURIGO PRES 04/16/2009

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