

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074520

Entity Name: FEMLIFE OBGYN ASSOCIATES, LLC

Current Principal Place of Business:

17901 NW 5TH STREET
SUITE 202
PEMBROKE PINES, FL 33029

Current Mailing Address:

17901 NW 5TH STREET
SUITE 202
PEMBROKE PINES, FL 33029

FEI Number: 20-5292721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATTORNEY CORPORATE REPORTING SERVICES, INC
1450 MADRUGA AVENUE, STE 302
CORAL GABLES, FL 33146 US

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

Authorized Person(s) Detail :

Title MGRM
Name SARDUY, CARLOS RMD
Address 17901 NW 5TH STREET STE 202
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name URIBASTERRA, PABLO EMD
Address 17901 NW 5TH STREET STE 202
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name DANIEL, MONICA GMD
Address 17901 NW 5TH STREET STE 202
City-State-Zip: PEMBROKE PINES FL 33029

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS SARDUY

RMD

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date