

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048436

Entity Name: OBGYN OF GREATER ORLANDO, LLC

Current Principal Place of Business:

100 PARK PLACE BLVD STE 200
KISSIMMEE, FL 34741

Current Mailing Address:

100 PARK PLACE BLVD STE 200
KISSIMMEE, FL 34741 US

FEI Number: 30-0560492

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, ARNALDO
100 PARK PLACE BLVD STE 200
KISSIMMEE, FL 34741 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 | MAGIC CITY OB/ GYN |
| Address | 10906 WILLOW RIDGE LOOP |
| City-State-Zip: | ORLANDO FL 32825 |
| Title | MGRM |
| Name | FLORIDA CENTRAL OB-GYN PLLC |
| Address | 8634 WHISPERING WILLOW COURT |
| City-State-Zip: | ORLANDO FL 32835 |

| | |
|-----------------|-------------------------|
| Title | MGRM |
| Name | WOMENS FIRST OB/GYN LLC |
| Address | 8811 ABBEY LEAF LANE |
| City-State-Zip: | ORLANDO FL 32827 |

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: ARNALDO LOPEZ

MANAGER

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date