

**2016 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 102  
KISSIMMEE, FL 34741

**Current Mailing Address:**

100 PARK PLACE BLVD STE 102  
KISSIMMEE, FL 34741 US

**FEI Number:** 30-0560492

**Certificate of Status Desired:** No

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

BELIARD, CLEEFORD  
100 PARK PLACE BLVD STE 102  
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:** CLEEFORD BELIARD

01/24/2016

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:** CLEEFORD BELIARD

MANAGER

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date