2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000157007

Entity Name: OBGYN SPECIALISTS OF LAKESIDE, LLC

Current Principal Place of Business:

2979 PGA BLVD SUITE 200

PALM BEACH GARDENS, FL 33410

Current Mailing Address:

2979 PGA BLVD SUITE 200

PALM BEACH GARDENS, FL 33410 US

FEI Number: 46-1588640 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURIGO, JOHN 2979 PGA BLVD STE 200

PALM BEACH GARDENS, FL 33410 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

FILED Jan 02, 2015

Secretary of State

CC6910122804

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name BURIGO, JOHN Name GORDON, ROBERT

Address 2979 PGA BLVD, #200 Address 2979 PGA BLVD, STE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGRM Title MGRM

NameFISHMAN, LOELNameCARLSON, MELISSAAddress2979 PGA BLVD, #200Address2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

Name BANOONI, AMY Name VANGILDER, KELLY
Address 2979 PGA BLVD Address 2979 PGA BLVD

SUITE 200 SUITE 200

TE 200 SOITE 20

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

Name IANNACCONE, VICTOR Name FERN, STEVEN
Address 2979 PGA BLVD Address 2979 PGA BLVD

SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

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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: JOHN BURIGO MGR 01/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title MEMBER Title MEMBER

Name PASS, JULIE Name FALZONE, SAMUEL

Address 2979 PGA BLVD Address 2979 PGA BLVD SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

NameJONES, DEBRANameMOREL, MARIEAddress2979 PGA BLVDAddress2979 PGA BLVD

SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410