

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000072176

Entity Name: ST. AUGUSTINE OB-GYN, LLC**Current Principal Place of Business:**301 HEALTH PARK BLVD
ANDERSON GIBBS BLDG., SUITE 219
ST. AUGUSTINE, FL 32086**Current Mailing Address:**301 HEALTH PARK BLVD
ANDERSON GIBBS BLDG., SUITE 219
ST. AUGUSTINE, FL 32086**FEI Number:** 46-2809140**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOOLITTLE, SANDE
11437 CENTRAL PARKWAY, SUITE105
JACKSONVILLE, FL 32224 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	N. FL OBSTETRICAL & GYNECOLOGICAL ASSOC.PA
Address	11437 CENTRAL PARKWAY, SUITE 105
City-State-Zip:	JACKSONVILLE FL 32224
Title	VP
Name	ALAMI, REDA MD
Address	301 HEALTH PARK BLVD ANDERSON GIBBS BLDG., SUITE 219
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	PRESIDENT
Name	DHAS, VIJAYSELWYN D MD
Address	301 HEALTH PARK BLVD ANDERSON GIBBS BLDG., SUITE 219
City-State-Zip:	ST. AUGUSTINE FL 32086
Title	VP
Name	GREENE, CAMERON MD
Address	11437 CENTRAL PARKWAY SUITE 105
City-State-Zip:	JACKSONVILLE FL 32224

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: CAMERON GREENE, MD**VICE PRESIDENT****04/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date