## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000003834

Entity Name: SOUTH ORLANDO OB/GYN GROUP, P.L.

FILED May 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2884 S. OSCEOLA AVENUE 1118 S. ORANGE AVENUE ORLANDO, FL 32806

SUITE 205

ORLANDO, FL 32806

**Current Mailing Address: New Mailing Address:** 

1118 S. ORANGE AVENUE SUITE 205 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806

ORLANDO, FL 32806

FEI Number: 59-3637701 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VEGA-MONTALVO, WILFREDO VEGA-MONTALVO, WILFREDO 2884 S. OSCEOLA AVENUE 1118 S. ORANGE AVENUE ORLANDO, FL 32806 SUITE 205 ORLANDO, FL 32806 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: 05/04/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: (X) Change ( ) Addition VEGA-MONTALVO, WILFREDO VEGA-MONTALVO, WILFREDO Name: Name: Address: 2884 S. OSCEOLA AVENUE Address: 1118 S. ORANGE AVENUE City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILFREDO VEGA **MGRM** 05/04/2005