

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003834

FILED  
Aug 11, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1118 S. ORANGE AVENUE  
SUITE 205  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1118 S. ORANGE AVENUE  
SUITE 205  
ORLANDO, FL 32806

**New Mailing Address:**

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

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

VEGA-MONTALVO, WILFREDO  
1118 S. ORANGE AVENUE  
SUITE 205  
ORLANDO, FL 32806 US

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

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

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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      08/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date