2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# L01000011119

Entity Name: CENTRAL FLORIDA OB/GYN SPECIALISTS LLC

Current Principal Place of Business:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3732732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 NORTH MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: 01/11/2005

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	SAMUEL L. MCLEOD III, , M.D.	
Address:	455 WEST WARREN AVENUE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	MGR	( ) Delete
Name:	JOHN FARNELLA, JR. M, .D.	
Address:	455 WEST WARREN AVENUE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	MGR	( ) Delete
Name:	LEROY RAPHAEL, M.D.,	
Address:	455 WEST WARREN AVENUE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	MGR	(X) Delete
Name:	DENNIS J. BUHRING, V, P	
Address:	455 WEST WARREN AVENUE	
City-St-Zip:	LONGWOOD, FL 32750 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	DENNIS J. BUHRING,	
Address:	455 WEST WARREN AVENUE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 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: DENNIS J. BUHRING MGR 01/11/2005

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