

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011119

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA OB/GYN SPECIALISTS LLC

Current Principal Place of Business:

550 E. STATE ROAD 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

550 E. STATE ROAD 434
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.
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: MGR () Delete
Name: SAMUEL L. MCLEOD III, M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: JOHN FARNELLA, JR. M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: DENNIS J. BUHRING
Address: 550 E. STATE ROAD 434
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: () 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: DENNIS J. BUHRING

MGRM

04/28/2009

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