

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011119

FILED
Apr 29, 2010
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:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

550 E. STATE ROAD 434
LONGWOOD, FL 32750 US

New Mailing Address:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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:

PA MANAGEMENT LLC
235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: DENNIS J. BUHRING

04/29/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SAMUEL L. MCLEOD III, M.D.
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR
Name: JOHN FARNELLA, JR. M.D.
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR
Name: DENNIS J. BUHRING
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR
Name: ROBERT J. BOWLES, M.D.
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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

04/29/2010

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