

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011119

FILED
Apr 04, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA OB/GYN SPECIALISTS LLC

Current Principal Place of Business:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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:

PA MANAGEMENT LLC
235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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
Name: PERRY, PETER M.D.
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

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

Title: MGR
Name: PEPPY, TERRENCE MD
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

MGRM

04/04/2011

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