

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000011119

FILED
Mar 31, 2003
Secretary of State

Entity Name: CENTRAL FLORIDA OB/GYN SPECIALISTS LLC

Current Principal Place of Business:

451 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

New Principal Place of Business:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

Current Mailing Address:

451 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

New Mailing Address:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750 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.
801 NORTH MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32803

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/MEMBERS:

Title: MGR () Delete
Name: VIRGIL A. DAVILA, M., D. LLC
Address: 585 DUNMAR CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR () Delete
Name: JOHN FARNELLA, JR. M., D. LLC
Address: 8401 VINTAGE DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR () Delete
Name: PENNY A. DANNA, M.D., LLC
Address: 1222 HERON DRIVE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR () Delete
Name: MARK P. BIELAWNY, M., D. LLC
Address: 214 N. BROWN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR () Delete
Name: MARC W. BISCHOF, M.D., LLC
Address: 3330 FLORENE DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: MGR () Delete
Name: ROBERT J. BOWLES, M., D. LLC
Address: 495 FAWN HILL PLACE
City-St-Zip: LAKE FOREST, FL 32771 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:

Title: () Change () Addition
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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 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: ROBERT BOWLES, M.D.

MGR

03/31/2003

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

GREGORY ZITTEL, M.D.
232 NEW GATE LOOP
HEATHROW, FL 32746

LEROY RAPHAEL, M.D.
1617 BILLINGSHURST
ORLANDO, FL 32825

PETER PERRY, M.D.
4865 RED BRICK RUN
SANFORD, FL 32771

TERRENCE PEPPY, M.D.
12867 BUTLER BAY CT
WINDERMERE, FL 34786

ALEJANDRO PENA, M.D.
3177 BUTLER BAY DR N
WINDERMERE, FL 34786

SAMUEL MCLEOD, III, M.D.
2931 CULLEN LAKE SHORE
ORLANDO, FL 32812

BARBARA HARRIS, M.D.
1600 S SR 415
NEW SMYRNA BEACH, FL 32168

JACK GERKOVICH, M.D.
1309 WATERWITCH COVE CIRCLE
ORLANDO, FL 32806