

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90136 015 ****50.00

DOCUMENT # L02000003505

1. Entity Name

SOUTH LAKE OBSTETRICS & GYNECOLOGY, L.L.C.



Principal Place of Business

**1735 E HWY 50 STE B 1099 Citrus Tower Blvd.
CLERMONT FL 34711 Ste 120
US**

Mailing Address

**1735 E HWY 50 STE B 1099 Citrus Tower Blvd.
CLERMONT FL 34711 Ste 120
US**

20009986



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

**1099 Citrus Tower Blvd.
Suite, Apt. #, etc.
Ste 120**

3. Mailing Address

**1099 Citrus Tower Blvd.
Suite, Apt. #, etc.
Ste 120**

City & State

Clermont FL

City & State

Clermont FL

Zip

34711

Country

Lake

Zip

34711

Country

Lake

4. FEI Number

03-0397724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY, CRAIG W
1517 E. HILLCREST STREET
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CASAVANT, MATTHEW S D.O.**
STREET ADDRESS **1735 E HWY 50, STE B 1099 Citrus Tower Blvd.**
CITY-ST-ZIP **CLERMONT FL 34711 Ste 120
Clermont FL 34711**

TITLE **MGRM** ☐ Delete
NAME **PRESTON-CASAVANT, SHAWN N**
STREET ADDRESS **1735 E HWY 50, STE B 1099 Citrus Tower Blvd.**
CITY-ST-ZIP **CLERMONT FL 34711 Ste 120
Clermont FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: x

Michael Casavant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/05 352 241 7050