

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90216 006 ****50.00

DOCUMENT # L02000003505					
1. Entity Name SOUTH LAKE OBSTETRICS & GYNECOLOGY, L.L.C.					
Principal Place of Business 1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711 US			Mailing Address 1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0397724	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMALLEY, CRAIG W 1517 E. HILLCREST STREET ORLANDO, FL 32803			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASAVANT, MATTHEW S D.O.	NAME			
STREET ADDRESS	1099 CITRUS TOWER BOULEVARD SUITE 120	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESTON-CASAVANT, SHAWN N	NAME			
STREET ADDRESS	1099 CITRUS TOWER BOULEVARD SUITE 120	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			2/21/07 352-241-7050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #