
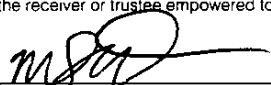


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 02022007 Chg-LLC CR2E083 (12/06) 03-0397724 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASAVANT, MATTHEW S D.O. <input type="checkbox"/> Delete 1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRESTON-CASAVANT, SHAWN N <input type="checkbox"/> Delete 1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 # | |