

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000953579
07/07/08-80004-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASAVANT, MATTHEW S D.O. 1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTON-CASAVANT, SHAWN N 1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #