2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003505

FILED Apr 21, 2009 Secretary of State

Entity Name: SOUTH LAKE OBSTETRICS & GYNECOLOGY, L.L.C.

Current Principal Place of Business: New Principal Place of Business:

1099 CITRUS TOWER BOULEVARD SUITE 120

CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

1099 CITRUS TOWER BOULEVARD SUITE 120 CLERMONT, FL 34711 US

FEI Number: 03-0397724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMALLEY, CRAIG W

1517 E. HILLCREST STREET

ORLANDO, FL 32803 US

CASAVANT, MATTHEW

16410 LAKESHORE DRIVE

MINNEOLA, FL 34715 US

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: MATTHEW CASAVANT 04/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CASAVANT, MATTHEW S D.O.
 Name:

 Address:
 1099 CITRUS TOWER BOULEVARD SUITE 120
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PRESTON-CASAVANT, SHAWN N
 Name:

 Address:
 1099 CITRUS TOWER BOULEVARD SUITE 120
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATTHEW CASAVANT MGRM 04/21/2009