2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L02000008143

Entity Name: TREASURE COAST OBSTETRICS & GYNECOLOGY, P.L.

Current Principal Place of Business:

1000 37TH PLACE, SUITE 105
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1000 37TH PLACE, SUITE 105
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 02-0593931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESLEY, JAMES J
1000 37TH PLACE, SUITE 105
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: JAMES J. PRESLEY, M., D., P.A.
Address: 1000 37TH PL. STE.105
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete
Name: MATTHEW S. ZOFFER, D, .O., P.A.
Address: 1000 37TH PL. STE 105
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: PRESLEY, JAMES J M.D.
Address: 1000 37TH PL. STE.105
City-St-Zip: VERO BEACH, FL 32960 US

Title: VP (X) Change ( ) Addition
Name: ZOFFER, MATTHEW S D.O.
Address: 1000 37TH PL. STE 105
City-St-Zip: VERO BEACH, FL 32960

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: JAMES J. PRESLEY, M.D. PRES 01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date