

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000008143

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**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  
**Name:** PRESLEY, JAMES J M.D.  
**Address:** 1000 37TH PL. STE.105  
**City-St-Zip:** VERO BEACH, FL 32960 US

**Title:** VP  
**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 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 MD

PRES

03/08/2011

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