

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017447

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SOUTH DADE OB-GYN, LLC

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE, #302  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8950 N. KENDALL DRIVE, #302  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 61-1419350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IPARRAGUIRRE, JOSE I MD  
8950 N. KENDALL DRIVE, #302  
MIAMI, FL 33176 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:** MGR  
**Name:** KELLOGG, SPENCER MD  
**Address:** 8950 N. KENDALL DRIVE, #302  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGR  
**Name:** SPIEGELMAN, LARRY MD  
**Address:** 8950 N. KENDALL DRIVE, #302  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGR  
**Name:** SAFINSKI, ROBERT MD  
**Address:** 8950 N. KENDALL DRIVE, #302  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGR  
**Name:** MONZON, ANOTNIO MD  
**Address:** 8950 N. KENDALL DRIVE, #302  
**City-St-Zip:** MIAMI, FL 33176

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:** ANTONIO MONZON

MGR

04/23/2012

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