2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L03000005291

Entity Name: ADVANCED INSTITUTE OF OBSTETRICS AND GYNECOLOGY OF SOUTH FLORIDA, P.L.

Current Principal Place of Business:

1990 NE 163RD STREET, SUITE 201
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1990 NE 163RD STREET, SUITE 201
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 30-0151000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUXTON, BARBARA ESQ
20801 BISCAYNE BOULEVARD, SUITE 303
AVENTURA, FL 33180 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/MEMBERS:

Title: MGRM ( ) Delete
Name: MUALIN, ELIAS M.D.
Address: 1990 NE 163RD STREET, SUITE 201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIAS MUALIN MGR 04/20/2005

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