# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# L03000005291

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

**Current Principal Place of Business:**

6442 WINDMILL GATE RD
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6442 WINDMILL GATE RD
HIALEAH, FL 33014

**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:**

CULLEN, JOHN T CPA
12401 ORANGE DR
SUITE 127
DAVIE, FL 33330 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: MGRM ( ) Delete
Name: MUALIN, ELIAS M.D.
Address: 6442 WINDMILL GATE RD
City-St-Zip: HIALEAH, FL 33014

**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 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: ELIAS MUALIN MGR 04/06/2009

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