

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039238

FILED
Jun 14, 2007
Secretary of State

Entity Name: BLISS OBSTETRICS AND GYNECOLOGY, LLC

Current Principal Place of Business:

600 SOUTH PINE ISLAND RD
104
PLANTATION, FL 33324

New Principal Place of Business:

4101 NW 4TH STREET
306
PLANTATION, FL 33317

Current Mailing Address:

600 SOUTH PINE ISLAND RD
104
PLANTATION, FL 33324

New Mailing Address:

4101 NW 4TH STREET
306
PLANTATION, FL 33317

FEI Number: 05-4665101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLISS, WINSTON O DR.
600 SOUTH PINE ISLAND RD
104
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BLISS, WINSTON O DR.
4101 NW 4TH STREET
306
PLANTATION, FL 33317 US

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: WINSTON O. BLISS

06/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLISS, WINSTON O DR.
Address: 600 SOUTH PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33316

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLISS, WINSTON O DR.
Address: 4101 NW 4TH STREET
City-St-Zip: PLANTATION, FL 33317

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: WINSTON O. BLISS

DR.

06/14/2007

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