


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90068 013 *****50.00

DOCUMENT # L03000053724	
1. Entity Name PROMEDA OB/GYN, LLC	

Principal Place of Business 300 S. PARK RD HOLLYWOOD, FL 33021	Mailing Address 300 S. PARK RD HOLLYWOOD, FL 33021
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14026688



2. Principal Place of Business 2828 Croasdaile Dr Suite, Apt. #, etc.	3. Mailing Address 2828 Croasdaile Dr Suite, Apt. #, etc.
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07132004 Chg-LLC CR2E083 (10/03)

City & State Durham, NC	City & State Durham, NC
Zip 27705	Zip 27705
Country USA	Country USA

4. FEI Number 20-0492237	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Steven M. Scott, M.D. 2828 Croasdaile Dr Durham, NC 27705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Steven M. Scott, M.D. **07-14-04 919 425 1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #