


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000020837</b>	
1. Entity Name <b>OBSTETRICS AND GYNECOLOGY ASSOCIATES OF KENDALL, LLC</b>	

Principal Place of Business <b>9545 N KENDALL DR STE 103 MIAMI, FL 33176</b>	Mailing Address <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>54-2129332</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>		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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR BOVETT, ROBERT MD 8955 SW 87 COURT, # 214 MIAMI, FL 33176</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000751318 05/18/07-80090-002 750.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Robert E. Boyett MD Robert E. Boyett, MD April 25, 2007 305-273-4641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #