2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L04000024348

Entity Name: GYNECOLOGY OF VENICE, P.L.

Current Principal Place of Business:

600 NOKOMIS AVE S.
101A
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

600 NOKOMIS AVE S.
101A
VENICE, FL 34285

New Mailing Address:

FEI Number: 20-0943261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARABITG, GINA
600 NOKOMIS AVE. SOUTH
SUITE 101
VENICE, FL 34285 US

Name and Address of New Registered Agent:

ARABITG, GINA MD
600 NOKOMIS AVE. SOUTH
SUITE 101
VENICE, FL 34285 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: GINA ARABITG, MD 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GYNECOLOGY OF VENICE, , PL
Address: 600 NOKOMIS AVE. S. SUITE 101A
City-St-Zip: VENICE, FL 34285 US

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 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: GINA ARABITG, MD MNGR 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date