

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90026 047 \*\*\*138.75

<b>DOCUMENT # L04000024348</b> 1. Entity Name GYNECOLOGY OF VENICE, P.L.																													
Principal Place of Business <del>600 NOKOMIS AVE S.</del> <del>101A</del> <del>VENICE, FL 34285</del>			Mailing Address <del>600 NOKOMIS AVE S.</del> <del>101A</del> <del>VENICE, FL 34285</del>																										
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	4. FEI Number 20-0943261																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent ARABITG, GINA MD <i>2415 NOKOMIS AVE. UNIT A</i> <del>600 NOKOMIS AVE. SOUTH</del> <del>SUITE 101</del> <del>VENICE, FL 34285</del>																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GYNECOLOGY OF VENICE, PL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>600 NOKOMIS AVE. S. SUITE 101A</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>VENICE, FL 34285</del></td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	GYNECOLOGY OF VENICE, PL		STREET ADDRESS	<del>600 NOKOMIS AVE. S. SUITE 101A</del>		CITY-ST-ZIP	<del>VENICE, FL 34285</del>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>2415 NOKOMIS AVE UNIT A</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>VENICE, FL 34285</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<i>2415 NOKOMIS AVE UNIT A</i>		STREET ADDRESS	<i>VENICE, FL 34285</i>		CITY-ST-ZIP		
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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:** *[Signature]* 4/21/08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE