2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
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:

241 NOKOMIS AVE S.
101A
VENICE, FL 34285

Current Mailing Address:

600 NOKOMIS AVE S.
101A
VENICE, FL 34285

New Mailing Address:

241 NOKOMIS AVE S.
101A
VENICE, FL 34285

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 MD
2415 NOKOMIS AVE
UNIT A
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GYNECOLOGY OF VENICE, PL
Address: 2415 NOKOMIS AVE.
City-St-Zip: VENICE, FL 34285 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GINA ARABITG, MD
Address: 241 NOKOMIS AVE. S.
City-St-Zip: VENICE, FL 34285 US

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: GINA ARABITG, MD MGR 04/20/2009

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