

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000024348

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** GYNECOLOGY OF VENICE, P.L.

**Current Principal Place of Business:**

241 NOKOMIS AVE S.  
101A  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

241 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 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  
Name: GINA ARABITG, MD  
Address: 241 NOKOMIS AVE. S.  
City-St-Zip: VENICE, FL 34285 US

I hereby 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

03/19/2010

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