


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90031 027 ****50.00

DOCUMENT # L04000050600

1. Entity Name
 SOUTH FLORIDA PERINATAL MEDICINE, P.L.



Principal Place of Business
 7300 S.W. 62ND PLACE, SUITE 201
 SOUTH MIAMI, FL 33143

Mailing Address
 7300 S.W. 62ND PLACE, SUITE 201
 SOUTH MIAMI, FL 33143



2. Principal Place of Business
6200 SUNSET DRIVE

3. Mailing Address
6200 SUNSET DRIVE

Suite, Apt. #, etc.
SUITE 301

Suite, Apt. #, etc.
SUITE 301

04182006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33143

Country
USA

Zip
33143

Country
USA

4. FEI Number
65-0368302

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
PENTHOUSE II, TWO ALHAMBRA PLAZA
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAI, ANTHONY R MDPA 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAI, ANTHONY R MD PA 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, JORGE L MDPA 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, JORGE L MD PA 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENSEN, LARS P MDPA 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENSEN, LARS P MD PA 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jorge L Gomez **JORGE L GOMEZ** 4-24-06 **4-24-06** 305-669-9521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #