

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050600

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

6200 SUNSET DR
SUITE 301
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6200 SUNSET DR
SUITE 301
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0368302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, BRENT D
PENTHOUSE II, TWO ALHAMBRA PLAZA
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: LAI, ANTHONY R MDPA
Address: 6200 SUNSET DR., SUITE 301
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: GOMEZ, JORGE L MDPA
Address: 6200 SUNSET DR., SUITE 301
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: JENSEN, LARS P MDPA
Address: 6200 SUNSET DR., SUITE 301
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: MARTIN, DIBE MD
Address: 6200 SUNSET DR SUITE 301
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MARTIN, DIBE MDPA
Address: 6200 SUNSET DR SUITE 301
City-St-Zip: MIAMI, FL 33143

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: ANTHONY LAI

MGRM

03/19/2009

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