

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044763

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA GYNECOLOGIC ONCOLOGY ASSOCIATES, LLC

**Current Principal Place of Business:**

951 NW 13TH STREET  
1B  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

951 NW 13TH STREET  
1B  
BOCA RATON, FL 33486

**New Mailing Address:**

P.O. BOX 3026  
HALLANDALE, FL 33008

**FEI Number:** 20-2885508      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STRICKLIN, JAIME A ESQ  
1500 W. CYPRESS CREEK ROAD  
305  
FORT LAUDERDALE, FL 33309 US

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: COMPREHENSIVE GYNECO, LOGIC ONCOLOGY , PA  
Address: 951 NW 13 STREET, SUITE 1B  
City-St-Zip: BOCA RATON, FL 33486  
  
Title: MGR ( ) Delete  
Name: SOUTH FLORIDA CENTER, FOR GYNECOLOG I C ONCOL  
Address: 670 GLADES ROAD, SUITE 300  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK D CIRISANO

MGR

07/03/2006

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