

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 03, 2006
Secretary of State**

DOCUMENT# L05000044763

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: COMPREHENSIVE GYNECO, LOGIC ONCOLOGY , PA
Address: 951 NW 13 STREET, SUITE 1B
City-St-Zip: BOCA RATON, FL 33486

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

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

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