
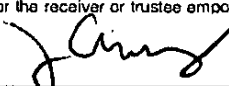


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044763		
1. Entity Name SOUTH FLORIDA GYNECOLOGIC ONCOLOGY ASSOCIATES, LLC		
Principal Place of Business 951 NW 13TH STREET 1B BOCA RATON, FL 33486	Mailing Address P.O. BOX 3026 HALLANDALE, FL 33008	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STRICKLIN, JAIME A ESQ 1500 W. CYPRESS CREEK ROAD 305 FORT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
8. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPREHENSIVE GYNECOLOGIC ONCOLOGY, PA 951 NW 13 STREET, SUITE 1B BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH FLORIDA CENTER FOR GYNECOLOGIC ONCOL 670 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 606, Florida Statutes.		
SIGNATURE:  FRANK CIRIANO 2/7/07 561-670-1122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2885508	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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02/21/07-80014-014-50.00