


**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
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01082007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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, 2007**

B. 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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000632235  
 02/21/07-80014-014-50.00

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:** FRANK CRIVANO 2/7/07 561-670-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #