

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044763

FILED
Sep 08, 2009
Secretary of State

Entity Name: SOUTH FLORIDA GYNECOLOGIC ONCOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

401 WEST LINTON BLVD.
300
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3026
HALLANDALE, FL 33008

New Mailing Address:

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 GYNECOLOGIC ONCOLOGY, PA
Address: 401 W LINTON BLVD SUITE 300
City-St-Zip: DELRAY BEACH, FL 33444

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

Title: MGR () Delete
Name: SOUTH FLORIDA CENTER FOR GYNECOLOGIC ONCOL
Address: 6200 N FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

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

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: FRANK CIRISANO

MGR

09/08/2009

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