




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90332 001 ***750.00

DOCUMENT # L06000034822					
1. Entity Name WESTSIDE OB/GYN GROUP, LLC					
Principal Place of Business 3225 AVIATION AVE STE 500 MIAMI, FL 33133-4741			Mailing Address 3225 AVIATION AVE STE 500 MIAMI, FL 33133-4741		
2. Principal Place of Business - No P.O. Box # 201 NW 82 AVE Suite, Apt. #, etc. SUITE 301		3. Mailing Address Suite, Apt. #, etc.			
City & State PLANTATION FL		City & State		4. FEI Number 54-2129332	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YELEN, MITCHELL A 3225 AVIATION AVE STE 500 MIAMI, FL 33133-4741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Robert E. Boyett, MD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: April 25, 2007 Daytime Phone #: 305-273-4641		