

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098316

FILED
Apr 06, 2009
Secretary of State

Entity Name: GYNDAVE MEDICAL OFFICE LLC

Current Principal Place of Business:

12959 PALMS WEST DRIVE
SUITE 130
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

12959 PALMS WEST DRIVE
SUITE 130
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-5691135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, ADLER L DO
12959 PALMS WEST DRIVE
SUITE 130
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: ADLER, DAVID L
Address: 12959 PALMS WEST DRIVE SUITE 130
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: ADLER, ALISA
Address: 12959 PALMS WEST DRIVE SUITE 130
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

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

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: DAVID ADLER, DO

MGRM

04/06/2009

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