2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

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Entity Name: CARITAS OBSTETRICS AND GYNECOLOGY OF NAPLES, PLLC

Current Principal Place of Business:

8340 COLLIER BLVD.
NAPLES, FL 34114

New Principal Place of Business:

8340 COLLIER BOULEVARD
SUITE 406
NAPLES, FL 34114

Current Mailing Address:

867 EAGLE VIEW DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

8340 COLLIER BOULEVARD
SUITE 406
NAPLES, FL 34114

FEI Number: 26-0239773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARMER, AARON A ESQ.
720 5TH AVENUE SOUTH, SUITE 211
NAPLES, FL 34102 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: MGR ( ) Delete
Name: FLIPPIN-TRAINER, ANGELA D
Address: 867 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLIPPIN-TRAINER, ANGELA D M.D.
Address: 8340 COLLIER BLVD, STE 406
City-St-Zip: NAPLES, FL 34114

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: ANGELA D. FLIPPIN-TRAINER, M.D. MGR 01/21/2008

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