

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054779

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** CARITAS OBSTETRICS AND GYNECOLOGY OF NAPLES, PLLC

**Current Principal Place of Business:**

8340 COLLIER BOULEVARD  
SUITE 406  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

8340 COLLIER BOULEVARD  
SUITE 406  
NAPLES, FL 34114

**New Mailing Address:**

**FEI Number:** 26-0239773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AARON A. FARMER, P.L.  
999 VANDERBILT BEACH ROAD  
SUITE 606  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

AARON A. FARMER, P.L.  
999 VANDERBILT BEACH ROAD  
SUITE 606  
NAPLES, FL 34108 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:

01/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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: ANGELA D. FLIPPIN-TRAINER, M.D.

MGR

01/10/2009

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