

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057392

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: GYN ONCOLOGY ASSOCIATES, P.L.

**Current Principal Place of Business:**

2770 CAPITAL MEDICAL BLVD., #210  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2617 MITCHAM DRIVE  
#101  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2770 CAPITAL MEDICAL BLVD., #210  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2617 MITCHAM DRIVE  
#101  
TALLAHASSEE, FL 32308

FEI Number: 26-0289104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEADBEATER, JOHN T  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 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: MCBROOM, JOHN W M.D.  
Address: 2770 CAPITAL MEDICAL BLVD., #210  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCBROOM, JOHN W M.D.  
Address: 2617 MITCHAM DRIVE #101  
City-St-Zip: TALLAHASSEE, FL 32308

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: JOHN MCBROOM

DR.

04/29/2008

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