

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059161

Entity Name: OB/GYN ON CALL PLLC

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

12959 PALMS WEST DRIVE  
STE 130  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

## Current Mailing Address:

12959 PALMS WEST DRIVE  
STE 130  
LOXAHATCHEE, FL 33470

## New Mailing Address:

FEI Number: 26-0301240

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 DO  
Address: 12959 PALMS WEST DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM ( ) Delete  
Name: TORRES, EMILIO MD  
Address: 12959 PALMS WEST DRIVE  
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

04/01/2009

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