2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L07000084973

Entity Name: OBGYN COVERAGE SERVICES - SOUTH, LLC

Current Principal Place of Business:

14546 ST. AUGUSTINE ROAD, SUITE 311
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14546 ST. AUGUSTINE ROAD, SUITE 311
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 26-4189166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOR, PATRICK M M.D.
14546 ST. AUGUSTINE ROAD, SUITE 311
JACKSONVILLE, FL 32258 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: CONNOR, PATRICK M MD
Address: 14546 ST. AUGUSTINE ROAD, SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: VANBENNEKOM, JASON L MD
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

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: PATRICK M. CONNOR, M.D. MGRM 04/08/2009

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