2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

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

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

Title: MGRM
Name: GREENWALD, AMY D MD
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 Statues.

SIGNATURE: PATRICK M. CONNOR, M.D. MGRM 02/09/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date