

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084973

FILED
Jan 31, 2012
Secretary of State

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 Statutes.

SIGNATURE: PATRICK M. CONNOR, M.D.

MGRM

01/31/2012

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