

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085017

FILED
Mar 14, 2008
Secretary of State

Entity Name: OBGYN COVERAGE SERVICES-BEACHES, LLC

Current Principal Place of Business:

1361 13TH AVENUE. #190
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1361 13TH AVENUE. #190
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREENE, CAMERON M.D.
1361 13TH AVENUE. #190
JACKSONVILLE BEACH, FL 32250 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GREENE, CAMERON M.D.
Address: 1361 13TH AVENUE #190
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: CAMERON GREENE, M.D. MGR 03/14/2008

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