2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 22, 2008 8:00 am Secretary of State 05-22-2008 90511 016 ***138.75 **DOCUMENT # L07000119094** BAPTIST OB-GYN ON CALL, LLC PUUZVOVA Principal Place of Business Mailing Address P.O. BOX 651725 11446 N.W. 4 TERRACE MIAMI, FL 33172 MIAMI, FL 33265 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 33 - l Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENA, CARLOS G Street Address (P.O. Box Number is Not Acceptable) 11446 N.W. 4 TERRACE MIAMI, FL 33172 Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and štie if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change Addition LIMOUSIN, PIERRE R NAME NAME 8950 N. KENDALL DRIVE, #305 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI, FL 33176 MGRM Delete TITLE MGRM ☐ Addition TITLE RENA CARLOS G 8940 NORTH KENDALL PMILL SVITE PENA, CARLOS G NAME STREET ADDRESS 11446 N.W. 4 TERRACE STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP 33176 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIDE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal 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.

ans

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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