

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116230

Entity Name: OB PARTNERS, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

660 GLADES ROAD, SUITE 340  
BOCA RATON, FL 33432

**New Principal Place of Business:**

660 GLADES ROAD, SUITE 340  
BOCA RATON, FL 33431

**Current Mailing Address:**

4205 W. ATLANTIC AVENUE  
SUITE C-304  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 26-0609255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KONSKER, KENNETH A MD  
4205 W. ATLANTIC AVENUE  
SUITE C-304  
DELRAY BEACH, FL 33445 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: FLORIDA WOMAN CARE, LLC  
Address: 660 GLADES ROAD, SUITE 340  
City-St-Zip: BOCA RATON, FL 33431

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: KENNETH KONSKER      MGRM      04/30/2011

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