

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022874

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** AVENTURA OB/GYN & ASSOCIATES, LLC

**Current Principal Place of Business:**

21110 BISCAYNE BOULEVARD, STE 312  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

660 GLADES ROAD, SUITE 340  
BOCA RATON, FL 33431

**New Mailing Address:**

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

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  
660 GLADES ROAD, SUITE 340  
BOCA RATON, FL 33431 US

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

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

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: KENNETH A. KONSKER

04/29/2010

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: FLORIDA WOMAN CARE, LLC

MGRM

04/29/2010

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