

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022874

**FILED  
Apr 29, 2011  
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:**

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

**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  
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      MGMR      04/29/2011

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