

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022874

**FILED**  
**Apr 23, 2012**  
**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:**

3600 FAU BLVD  
SUITE 101  
BOCA RATON, FL 33431

**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:**

KONSKER, KENNETH A  
3600 FAU BLVD  
SUITE 101  
BOCA RATON, FL 33431 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:

04/23/2012

\_\_\_\_\_  
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

04/23/2012

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