

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026162

**FILED**  
**Jul 08, 2011**  
**Secretary of State**

**Entity Name:** SWALLOWTAIL GYN, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

900 SWALLOWTAIL DRIVE, STE. B-102  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

900 N. SWALLOWTAIL DRIVE, STE. B-102  
PORT ORANGE, FL 32129

**Current Mailing Address:**

900 SWALLOWTAIL DRIVE, STE. B-102  
PORT ORANGE, FL 32129

**New Mailing Address:**

900 N. SWALLOWTAIL DRIVE, STE. B-102  
PORT ORANGE, FL 32129

**FEI Number:** 27-2073777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOUST, PAULA M MD  
4 OCEANS WEST BLVD., STE. 604B  
DAYTONA BEACH, FL 32118 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: MGR  
Name: FOUST, PAULA M M.D.  
Address: 4 OCEANS WEST BLVD, STE. 604B  
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: PAULA M FOUST, M.D.

MGR

07/08/2011

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