2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

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Entity Name: SWALLOWTAIL GYN, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 Statues.

SIGNATURE: PAULA M FOUST MGR 02/16/2012

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