

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079332

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA GYNECOLOGIC ONCOLOGY CENTER LLC

**Current Principal Place of Business:**

401 LINTON BLVD.  
SUITE 300  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

6200 N FEDERAL HIGHWAY  
SUITE 101  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

401 LINTON BLVD.  
SUITE 300  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

6200 N FEDERAL HIGHWAY  
SUITE 101  
BOCA RATON, FL 33487 US

**FEI Number:** 27-2038695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOUTH FLORIDA WOMEN'S CANCER CARE LLC  
401 LINTON BLVD.  
SUITE 300  
DELRAY, FL 33444 US

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

RECIO, FERNANDO O  
891 NAFA DRIVE  
BOCA RATON, FL 33487 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: FERNANDO O RECIO

04/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: RECIO, FERNANDO O  
Address: 891 NAFA DRIVE  
City-St-Zip: BOCA RATON, FL 33487

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: FERNANDO O RECIO

PRES

04/22/2011

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