

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081087

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** DCT - FLORIDA OB-GYN LLC

**Current Principal Place of Business:**

2964 NORTH STATE ROAD 7 BLDG II SUITE 310  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

2313 LOCKHILL-SELMA #245  
SAN ANTONIO, TX 78230

**New Mailing Address:**

**FEI Number:** 27-1524836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADAN, TRUDY  
2964 NORTH STATE ROAD 7 BLDG II SUITE 310  
MARGATE, FL 33063 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:** MADAN, TRUDY  
**Address:** 2313 LOCKHILL-SELMA 245  
**City-St-Zip:** SAN ANTONIO, TX 78230

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: TRUDY MADAN

MGRM

02/03/2012

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