LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State						o rtham Stale	SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN 22 AM 11: 56			
1998 DIVISION OF CORPORATIONS ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9700000756 GYNECOLOGY & OBSTETRICS, L.C.								lace of Business	Address	
		ANDE DRIVE DLA FL 32504	I					4900 GRANDE DRIVE PENSACOLA FL 32504-895/		
2. Principal Place of Business 2a. Mailin				ng Address			3. Date Organi	zed or Qualified	3a. State of Formation	
				Apt. #, etc.			07/11/: 4. FEI Number		FL Applied For	
p Country			Zip	Zip Coun		у	5. Date of Last Report		Not Applicable Certificate of Status Desired S8.75 Additional Fee Required	
7. Name and Address of Current Registered				Agent	Agenl 8.		Name and Address of New Registered Agent/		tered Agent/Office	
4900	GRANDE	CKER, LISA CDRIVE CL 32504	Street Address (Suite, Apt. #, etc		(P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code		
	ed office or regi								ment for the purpose of changing s. I hereby accept the appointment	
s registe:	RF	(Registered Agent Accepting	Appointment) (NO1E: Rog-stered Ag	ord ageature	required when reinstatin	ng)	DATE		
s register s registe			Title Managing Members/Managers			ss Streot Address	City, State and Zip Code			
s register s registe		naging Members/Manager	rs	 				PENSACOLA FL		
s register s registe IGNATU	Маг	ig TUCKER, I		4900 0	GRANI	E DRIVE		PENSAC	COLA FL	
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