## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131700

Entity Name: OBSTETRICS AND GYNECOLOGY ASSOCIATES OF CENTRAL

FLORIDA, LLC

Mar 22, 2017 Secretary of State CC5730496302

**FILED** 

### **Current Principal Place of Business:**

2400 NORTH ORANGE BLOSSOM TRAIL

STE 300

KISSIMMEE, FL 34744

## **Current Mailing Address:**

1501 YAMATO ROAD SUITE 200 W BOCA RATON, FL 33431 US

FEI Number: 45-4504088 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

UPM SERVICES CORP 1501 YAMATO ROAD SUITE 200 W BOCA RATON, FL 33431 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: SUELING CHRISTOPHER 03/22/2017

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGRM

Name FLORIDA WOMAN CARE, LLC

Address 660 GLADES ROAD

SUITE #340

City-State-Zip: BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. AARON SUDBURY

Electronic Signature of Signing Authorized Person(s) Detail

MGR

03/22/2017