

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006513

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

**Entity Name:** JUST FOR WOMEN BIRTH & HEALTH CENTER, PLC

**Current Principal Place of Business:**

927 45TH STREET STE. 103  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

927 45TH STREET  
SUITE 103  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

927 45TH STREET STE. 103  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

927 45TH STREET  
SUITE 103  
WEST PALM BEACH, FL 33407

FEI Number: 82-0588829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHES, LISA MARIE  
927 45TH STREET STE. 103  
WEST PALM BEACH, FL 33407 US

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

SANCHES, LISA MARIE  
927 45TH STREET  
SUITE 103  
WEST PALM BEACH, FL 33407 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:

01/15/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANCHES, LISA M MD  
Address: 927 45TH STREET, SUITE 103  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LISA MARIE SANCHES

MG

01/15/2006

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