


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 03, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000038899 1. Entity Name A WOMAN'S CARE, LLC	
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Principal Place of Business 1805 SE 16 AVE SUITE 602 OCALA, FL 34471 US	Mailing Address 1805 SE 16 AVE SUITE 602 OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE

07022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4692537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HEARN, EVETTE F 3236 S.E. 41ST PLACE OCALA, FL 34480	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEARN, EVETTE F 3236 S.E. 41ST PLACE OCALA, FL 34480
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07/03/08-80001-005 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *E Hearn ARNP* 7-2-08 352-840-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EE HEARN ARNP