2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

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Entity Name: GEOFFREY J. ZANN, M.D., LLC

Current Principal Place of Business:

660 GLADES ROAD, SUITE 340
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

660 GLADES ROAD, SUITE 340
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 26-0609255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANER, THOMAS U ESQ.
399 W. PALMETTO PARK ROAD, STE 100
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KONSKER, KENNETH A MD
660 GLADES ROAD
SUITE 340
BOCA RATON, FL 33432 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: KENNETH A. KONSKER, MD 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KONSKER & BRIGGS, LLC
Address: 660 GLADES ROAD, SUITE 340
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FLORIDA WOMAN CARE, LLC
Address: 660 GLADES ROAD, SUITE 340
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH A. KONSKER, MD MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date