

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008033

**Entity Name:** ALL WOMEN'S HEALTH OBSTETRICS AND GYNECOLOGY ASSOCIATES LLC

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC8297798320**

**Current Principal Place of Business:**

4910 NE 27TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

4910 NE 27TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**FEI Number: 80-0104441**

**Certificate of Status Desired: No**

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

THOMAS C. WALSER, P.A.  
4800 NORTH FEDERAL HIGHWAY, BLDG D  
SANCTUARY CENTER, SUITE 108  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name POTT-GRINSTEIN, ELISABETH ADR.  
Address 4910 NE 27TH AVENUE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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: ELISABETH POTT-GRINSTEIN**

**MANAGER**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date