

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000059908

**Entity Name:** A WOMAN'S PLACE NAPLES, LLC

**Current Principal Place of Business:**

1660 MEDICAL BLVD  
SUITE 300  
NAPLES, FL 34110

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC0406671228**

**Current Mailing Address:**

3731 FAU BLVD  
SUITE 1  
BOCA RATON, FL 33431 US

**FEI Number: 27-3901464**

**Certificate of Status Desired: Yes**

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

KONSKER, KENNETH A  
3731 FAU BLVD  
SUITE 1  
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 FLORIDA WOMAN CARE, LLC  
Address 3731 FAU BLVD  
SUITE 1  
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: GAVIN MA**

**04/16/2014**

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

\_\_\_\_\_  
Date