

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000241272

Entity Name: ST. AUGUSTINE TOTAL WOMANS CARE LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE
SUITE 103
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE
SUITE 103
ST. AUGUSTINE, FL 32080

FEI Number: 82-3484311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAETOZO, SHERRI L MD
1301 PLANTATION ISLAND DR
SUITE 103
ST AUGUSTINE, FL 32080 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 MAETOZO, SHERRI L MD
Address 3409 W HERITAGE COVE DR
City-State-Zip: ST AUGUSTINE FL 32092

Title MGR
Name INTEGRATED WOMEN'S HEALTH LLC
Address 1279 W. PALMETTO PARK RD
PO BOX 2792
City-State-Zip: BOCA RATON FL 33486

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: SHERRI L MAETOZO MD

MGRM

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date