

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001297

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** WOMEN'S CARE RESOURCES, L.L.C.

**Current Principal Place of Business:**

731 S. PARSONS AVENUE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

731 S. PARSONS AVENUE  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 59-3625945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITEHEAD, KEITH D M.D.  
731 S. PARSONS AVENUE  
BRANDON, FL 33511 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WHITEHEAD, KEITH D M.D.  
Address: 731 S. PARSONS AVE.  
City-St-Zip: BRANDON, FL 33511 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEITH D. WHITEHEAD, MD

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date