

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002655

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** WOMEN'S CONTEMPORARY HEALTH CENTER, PLLC

**Current Principal Place of Business:**

6150 DIAMOND CENTER CT., BLDG #400  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

6150 DIAMOND CENTER COURT, BLDG # 400  
MAILBOX # 401  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-1002455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOY, RICHARD L  
6150 DIAMOND CENTER CT., BLDG #400  
FORT MYERS, FL 33912 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: BLOY, RICHARD L  
Address: 6150 DIAMOND CENTER CT., BLDG #400  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: WOODARD, JOHN A  
Address: 6150 DIAMOND CENTER COURT, BLGD # 400  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLOY, RICHARD L  
Address: 6150 DIAMOND CENTER CT., BLDG #400  
City-St-Zip: FORT MYERS, FL 33912

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: JOHN WOODARD

VP

01/18/2009

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