

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004663

FILED
May 15, 2005
Secretary of State

Entity Name: HOPPER WOMEN'S HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

2250 OSPREY BLVD., STE. 102
BARTOW, FL 33830

New Principal Place of Business:

6945 HAYTER DRIVE
LAKELAND, FL 33813

Current Mailing Address:

2250 OSPREY BLVD., STE. 102
BARTOW, FL 33830

New Mailing Address:

6945 HAYTER DRIVE
LAKELAND, FL 33813

FEI Number: 59-3638170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOPPER, J. BRIAN
2250 OSPREY BLVD., STE. 102
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

HOPPER, J. BRIAN
6945 HAYTER DRIVE
LAKELAND, FL 33813 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:

05/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HOPPER, J B MD
Address: 2250 OSPREY BLVD., STE. 102
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOPPER, J B MD
Address: 6945 HAYTER DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: J. BRIAN HOPPER

MGR

05/15/2005

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