

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014171

FILED
Jan 22, 2004
Secretary of State

Entity Name: PARTNERS IN WOMEN'S HEALTH, L.L.C.

Current Principal Place of Business:

1980 N. ATLANTIC AVENUE, SUITE 527
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1980 N. ATLANTIC AVENUE, SUITE 527
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3675995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, A. FRED
1980 N. ATLANTIC AVENUE, SUITE 527
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

DEL RIO, SAMUEL M.D.
1980 N. ATLANTIC AVENUE, SUITE 527
COCOA BEACH, FL 32931 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: DEL RIO, SAMUEL, M.D.

01/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TURNER, A. FRED
Address: 1980 N. ATLANTIC AVENUE, SUITE 527
City-St-Zip: COCOA BEACH, FL 32931

Title: MGR () Delete
Name: DEL RIO, SAMUEL M.D.
Address: 1980 N. ATLANTIC AVENUE, SUITE 527
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEL RIO, SAMUEL M.D.
Address: 1980 N. ATLANTIC AVENUE, SUITE 527
City-St-Zip: COCOA BEACH, FL 32931

Title: MGR (X) Change () Addition
Name: GERACI, JANIE M.D.
Address: 1980 N. ATLANTIC AVENUE, SUITE 527
City-St-Zip: COCOA BEACH, FL 32931

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: SAMUEL DEL RIO, M.D.

MGR

01/22/2004

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