

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001549

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** PAVILION FOR WOMENS CARE, LLC

**Current Principal Place of Business:**

8501 SW 124 AVE  
STE 211  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

8501 SW 124 AVE  
STE 211  
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number:** 11-3683077      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JACOBOWITZ, MELVIN J  
11900 BISCAYNE BLVD., SUITE 720  
MIAMI, FL 33445 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: KIRBY, JOHN  
Address: 2500 SW 75TH AVENUE  
City-St-Zip: MIAMI, FL 33155

**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: JOHN KIRBY      MGR      04/07/2009

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