2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000006513

1. Entity Name

JUST FOR WOMEN BIRTH & HEALTH CENTER, PLC



FILED Mar 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

927 45TH STREET

927 45TH STREET

SUITE 103 WEST PALM BEACH, FL 33407 SUITE 103

WEST PALM BEACH, FL 33407



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 82-0588829 Applied For
Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHES, LISA MARIE 927 45TH STREET SUITE 103

WEST PALM BEACH, FL 33407

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8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	organization, typos or printipo meno or registerati agant and man applicable	Transfer redingerea without afficient settings when the drawed.	unic
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		

SANCHES, LISA M MD NAME STREET ADDRESS 927 45TH STREET, SUITE 103 CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/06

Daytima Phone #