## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020309

in the State of Florida.

FILED Feb 24, 2005 Secretary of State

Entity Name: CENTER FOR MARITAL AND SEXUAL HEALTH OF SOUTH FLORIDA, LLC

**Current Principal Place of Business: New Principal Place of Business:** 

429 NORTH COUNTRY CLUB DRIVE 1515 N. FLAGLER DRIVE ATLANTIS, FL 33462

SUITE 540

WEST PALM BEACH, FL 33401

**Current Mailing Address: New Mailing Address:** 

429 NORTH COUNTRY CLUB DRIVE 1515 N. FLAGLER DRIVE

ATLANTIS, FL 33462 SUITE 540

WEST PALM BEACH, FL 33401

FEI Number: 57-1185773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALTHOF, STANLEY E ALTHOF, STANLEY E 1515 N. FLAGLER DRIVE 429 NORTH COUNTRY CLUB DRIVE

ATLANTIS, FL 33462 SUITE 540 WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: 02/24/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

( ) Delete MGRM Title: (X) Change ( ) Addition

ALTHOF, STANLEY E ALTHOF, STANLEY E Name: Name: Address: 429 NORTH COUNTRY CLUB DRIVE Address: 1515 N. FLAGLER DRIVE City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: WEST PALM BEACH, FL 33401

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: STANLEY E. ALTHOF **MGRM** 02/24/2005