

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054817

FILED
Jan 03, 2006
Secretary of State

Entity Name: COMPREHENSIVE WOMEN'S HEALTHCARE, LLC

Current Principal Place of Business:

2711 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 347441373

New Principal Place of Business:

Current Mailing Address:

2711 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 347441373

New Mailing Address:

FEI Number: 20-0496948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANN & HADLEY, P.A.
1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BRACERO, PASQUAL
2711 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 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: PASQUAL BRACERO, M.D.

01/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRACERO, PASQUAL
Address: 2711 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 347441373

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 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: PASQUAL BRACERO, M.D.

PRES

01/03/2006

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