# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 11, 2007**
**Secretary of State**

DOCUMENT# L03000054817

**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:**

BRACERO, PASQUAL
2711 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 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: MGRM ( ) Delete
Name: BRACERO, PASQUAL
Address: 2711 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 347441373

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition
Name: BRACERO, PASQUAL
Address: 2711 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 347441373

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 PD 01/11/2007

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