

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054817

FILED
Apr 16, 2009
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:

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: PD () 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 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

04/16/2009

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