

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054817

**FILED**  
**Apr 16, 2012**  
**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:**

12315 LAKE UNDERHILL ROAD  
ORLANDO, FL 32828

**Current Mailing Address:**

2711 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 347441373

**New Mailing Address:**

12315 LAKE UNDERHILL ROAD  
ORLANDO, FL 32828

**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  
Name: BRACERO, PASQUAL  
Address: 2711 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: KISSIMMEE, FL 347441373

I hereby 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

04/16/2012

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