

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008033

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** ALL WOMEN'S HEALTH OBSTETRICS AND GYNECOLOGY ASSOCIATES LLC

**Current Principal Place of Business:**

4910 NE 27TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4910 NE 27TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 80-0104441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS C. WALSER, P.A.  
7015 BERACASA WAY  
201  
BOCA RATON, FL 33433 US

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

THOMAS C. WALSER, P.A.  
4800 NORTH FEDERAL HIGHWAY, BLDG D  
SANCTUARY CENTER, SUITE 108  
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

04/23/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POTT-GRINSTEIN, ELISABETH A DR.  
Address: 4910 NE 27TH AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: ELISABETH POTT-GRINSTEIN

MGR

04/23/2012

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