


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90036 019 ****50.00

DOCUMENT # L04000008522

1. Entity Name
THE WOMEN'S HEALTH CENTER, LLC



Principal Place of Business
 11924 FOREST HILL BOULEVARD
 SUITE 22, NUMBER 313
 WELLINGTON, FL 33414 US

Mailing Address
 11924 FOREST HILL BOULEVARD
 SUITE 22, NUMBER 313
 WELLINGTON, FL 33414 US

2. Principal Place of Business
10111 Forest Hill Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

City & State
Wellington FL

City & State

Zip
33414

Country
USA

Zip

Country

4. FEI Number
76-0784432

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

03182005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

BERNSTEIN, SARA J
11924 FOREST HILL BOULEVARD
SUITE 22, NUMBER 313
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNSTEIN, SARA J 11924 FOREST HILL BLVD., SUITE 22, NBR 313 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *S Bernstein* **4/14/05** **561-784-1933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #