

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008522

FILED
Jan 30, 2007
Secretary of State

Entity Name: THE WOMEN'S HEALTH CENTER, LLC

Current Principal Place of Business:

10111 FOREST HILL BOULEVARD
SUITE 261
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 76-0784432 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERNSTEIN, SARA J
11924 FOREST HILL BOULEVARD
SUITE 22-313
WELLINGTON, FL 33414 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: BERNSTEIN, SARA J
Address: 11924 FOREST HILL BLVD., SUITE 22-313
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: BERNSTEIN, GLEN C
Address: 11924 FOREST HILL BLVD., SUITE 22-313
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLEN BERNSTEIN

MGRM

01/30/2007

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