2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038330

Entity Name: NEWMAN CENTER FOR WOMEN, P.L.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

901 DOUGLAS AVE, STE 205 901 DOUGLAS AVE, STE 205

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 327142057 US

Current Mailing Address: New Mailing Address:

901 DOUGLAS AVE, STE 205 901 DOUGLAS AVE, STE 205

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 327142057 US

FEI Number: 20-1152298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NEWMAN, WILLIE B M.D.
901 DOUGLAS AVE, STE 205

NEWMAN, WILLIE B M.D.
901 DOUGLAS AVE, STE 205

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 327142057 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: 04/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: NEWMAN, WILLIE B M.D. Name: NEWMAN, WILLIE B Address: 901 DOUGLAS AVE, STE 205 Address: 901 DOUGLAS AVE, STE 205

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 327142057 US

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: WILLIE B NEWMAN MGR 04/26/2007