

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000077113

1. Entity Name
GAINESVILLE WOMAN CARE LLC



Principal Place of Business
1233 NW 10TH AVE.
GAINESVILLE, FL 32601-4154

Mailing Address
1233 NW 10TH AVE.
GAINESVILLE, FL 32601-4154

FILED
Jan 29, 2007 08:00 AM
Secretary of State



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1789123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVY, KRISTIN
1233 NW 10TH AVE.
GAINESVILLE, FL 32601-4154

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVY, KRISTIN 1233 NW 10TH AVE. GAINESVILLE, FL 326014154
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01/31/07-80019-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/07 3523721664

Date Daytime Phone #