2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000077113

1. Entity Name
GAINESVILLE WOMAN CARE LLC

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1789123
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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

FILE NUMBER: [illegible]
After May 1, 2008 fee will be $[illegible].00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAVY, KRISTIN
STREET ADDRESS	1233 NW 10TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 326074154
TITLE	
NAME	
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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: KRISTIN DAVY 1/7/08 352 372 1664