

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093281

FILED
Jan 04, 2007
Secretary of State

Entity Name: CENTER FOR WOMENS HEALTH LLC

Current Principal Place of Business:

2061 ENGLEWOOD RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

2061 ENGLEWOOD RD.
STE 2
ENGLEWOOD, FL 34223

Current Mailing Address:

2061 ENGLEWOOD RD.
ENGLEWOOD, FL 34223

New Mailing Address:

2061 ENGLEWOOD RD.
STE 2
ENGLEWOOD, FL 34223

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA, HECTOR
2061 ENGLEWOOD RD.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

ROSA, HECTOR
2061 ENGLEWOOD RD.
STE 2
ENGLEWOOD, FL 34223 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: _____ 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSA, HECTOR
Address: 2061 ENGLEWOOD RD.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSA, HECTOR
Address: 2061 ENGLEWOOD RD. STE 2
City-St-Zip: ENGLEWOOD, FL 34223

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: HECTOR ROSA MR 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date