

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000093663**

1. Entity Name  
**CONTEMPORARY WOMEN'S CARE, P.L.**



Principal Place of Business  
**401 CORBETT STREET, SUITE 400  
CLEARWATER, FL 33756**

Mailing Address  
**401 CORBETT STREET, SUITE 400  
CLEARWATER, FL 33756**



01032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3406127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VAN ZANDT, STEPHANIE M.D.  
401 CORBETT STREET, SUITE 400  
CLEARWATER, FL 33756**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
VAN ZANDT, STEPHANIE M.D.  
401 CORBETT STREET SUITE 400  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YOUNG, SHELLEY A M.D  
401 CORBETT STREET SUITE 400  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HAYES, JENNIFER S D.O  
401 CORBETT STREET SUITE 400  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DADISMAN, KATHERINE E D.O.  
401 CORBETT STREET SUITE 400  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000682859  
04/05/07-80019-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**STEPHANIE VAN ZANDT, M.D. 03/26/07 462-2229**

Date

Daytime Phone #