2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L04000093663

Entity Name: CONTEMPORARY WOMEN'S CARE, P.L.

Current Principal Place of Business:

401 CORBETT STREET, SUITE 400
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

401 CORBETT STREET, SUITE 400
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3406127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	VAN ZANDT, STEPHANIE M.D.	
Address:	401 CORBETT STREET SUITE 400	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	MGRM	( ) Delete
Name:	YOUNG, SHELLEY A M.D	
Address:	401 CORBETT STREET SUITE 400	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	MGRM	( ) Delete
Name:	HAYES, JENNIFER S D.O	
Address:	401 CORBETT STREET SUITE 400	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	MGRM	( ) Delete
Name:	DADISMAN, KATHERINE E D.O.	
Address:	401 CORBETT STREET SUITE 400	
City-St-Zip:	CLEARWATER, FL 33756	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: STEPHANIE VANZANDT, M.D. MGRM 01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date