

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038394

FILED
Jul 24, 2007
Secretary of State

Entity Name: WOMEN'S PELVIC HEALTH & CONTINENCE CENTER, P.L.

Current Principal Place of Business:

6440 W NEWBERRY RD, STE 409
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6440 W NEWBERRY RD, STE 409
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-2620852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOVAY, JOHN C
901 NW 57TH ST
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

DANIEL, CHERYL C
6440 WEST NEWBERRY ROAD
6440
GAINESVILLE, FL 32605 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: CHERYL C DANIEL

07/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BAILEY, GREGORY J
Address: 6440 W NEWBERRY RD, STE 409
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MD (X) Change () Addition
Name: BAILEY, GREGORY J
Address: 6440 W NEWBERRY RD, STE 409
City-St-Zip: GAINESVILLE, FL 32605

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: GREGORY J BAILEY

MD

07/24/2007

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