2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90416 039 ****50.00

Mailing Address Soil CALOMAR DRIVE 2800 COMMERCIAL DRIVE SUIT 208	DOCUMENT # L05000041616 1. Entity Name THE WOMEN'S WELLNESS CENTER OF SOUTH FLORIDA LLC							02-27-2006	90416 03	39 ****5(0.00
Sutio, Apt. #. etc. Suite, Apt. #. etc. O2072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. \$\$\text{Set-hamp}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5901 COLON SUITE 303	NIAL DRIVE		2800 E. COMMERCIAL DRIVE Suite 208							
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The above named and public to the purpose of changing its registered agent, or both, in the State of Ronda. I am familiar with, and accept in the obligations of registered agent. State Desired State D	Suite, Apt. #, etc.			Suite, Apt. #, etc.			7				
AAGION TARRA A DR. Sincer Address of Current Registered Agent	City & State			City & State			4. FETYUMbe	1545/	11	_ 	
Name	Zip	Country		Zip	Zip Country						
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are time is accepted. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State SIGNATURE Make Check payable to Florida Department of State SIGNATURE Make Check payable to Florida Department of State SIGNATURE Make Check payable to Florida Department of State SIGNATURE Make Check payable to Florida Department of State SIGNATURE Make Check payable to Florida Department of State SIGNATURE MARGAM SOLOMON, TARA A DR. MARGAM SIGNATURE OBJECT OF STATE OF CHANGES SIGNATURE OBJECT OBJECT OF CHANGES SIGNATURE OBJECT OF CHANGES SIGNATURE OBJECT OBJECT OF CHANGES SIGNATURE OBJECT OF CHANGES SIGNATURE OBJECT		— 6Name a	nd Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
SUTIFE 208 STITE	KATZ ALI	FN H				Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered optice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ### FIling Fee is \$50.00 Due by May 1, 2008	2800 È CC	DMMERCIA	L BLVD STE 208			Street Address	(P.O. Box Numbe	r is Not Acceptable	e) .		
8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filting Fee is \$50.00 Due by May 1, 2008 PROTE Registered Agent agreement agree	FT. LAUDI	ERDALE, FI	L 33308	City			<u>.</u>				
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE										
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44. Leader against that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STR	E IE EET ADORESS				Change	☐ Addition
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under only; that I am a managing member or manager of the	11 I beceby	certify that the	information supplied with	this filing does not qualify to	r the eve	emotions contained	d in Chapter 119,	Florida Statutes. I fo	urther certify	that the info	rmation