2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90176 031 ****50.00

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1. Entity Name
THE WOMEN'S WELLNESS CENTER OF SOUTH FLORIDA LLC

60027614

Principal Place of Business	Mailing Address
5901 COLONIAL DRIVE SUITE 303 MARGATE, FL 33063	2800 E. COMMERCIAL DRIVE SUITE 208 FT. LAUDERDALE, FL 33308

01302007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0545717
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
2800 E COMMERCIAL BLVD STE 208
SUITE 208
FT. LAUDERDALE, FL 33308

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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 Allen H Katz 3/15/07
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	MGRM
NAME	SOLOMON, TARA A DR.
STREET ADDRESS	5901 COLONIAL DR STE 303
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	MGRM
NAME	SOLOMON, SHARYN
STREET ADDRESS	5901 COLONIAL DR STE 303
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Tara Solomon X 3/17/07 X 954-984-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #