

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041616

FILED
Mar 22, 2011
Secretary of State

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

Current Principal Place of Business:

5901 COLONIAL DRIVE
SUITE 302
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5401 N UNIVERSITY DR
SUITE 204
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 51-0545717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW, ALAN CPA
5401 N UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 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
Name: SOLOMON, TARA A DR.
Address: 5901 COLONIAL DR STE 302
City-St-Zip: MARGATE, FL 33063

I hereby 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: TARA A SOLOMON MD

MGRM

03/22/2011

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