2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L06000021634

Entity Name: WOMEN'S HEALTHCARE OF PORT ST. LUCIE, LLC

Current Principal Place of Business:

1696 SE HILLMOOR DR. SUITE A
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1696 SE HILLMOOR DR. SUITE A
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 72-1612905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: ORIA, GONZALO A M.D.
Address: 3074 6TH ST
City-St-Zip: MARIANNA, FL 32446 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ORIA, GONZALO A M.D.
Address: 1696 SE HILLMOORE DR., SUITE A
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GONZALO A. ORIA, M.D. MGRM 04/10/2007

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