

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90270 008 ***138.75

DOCUMENT # L06000021634

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



Principal Place of Business
**1696 SE HILLMOOR DR. SUITE A
PORT ST. LUCIE, FL 34952 US**

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

60014543



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

02182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
72-1612905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 33411-0000**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent: signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORIA, GONZALO A M.D. 1696 SE HILLMOORE DR., SUITE A PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gonzalo A. Orta* **GONZALO A. ORTA** 3/10/08 772 337 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #