2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

ORIA, GONZALO A MD
1696 SE HILLMOOR DR, SUITE A
PORT ST LUCIE, FL 34952 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: 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 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 Statues.

SIGNATURE: GONZALO A. ORIA, MD MGRM 03/01/2011

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