

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90151 023 ****50.00

DOCUMENT # L06000038098	
1. Entity Name WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC	

Principal Place of Business 775 FIRST AVENUE NORTH NAPLES, FL 34102	Mailing Address 775 FIRST AVENUE NORTH NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022007 Chg-LLC CR2E083 (12/06)

4. Filing Number 20-4710889	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCLEAN, WALLACE W M.D. 775 FIRST AVENUE NORTH NAPLES, FL 34102		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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/13/07 **239-262-3399**
Date Daytime Phone #