## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 24, 2008 08:00 A Secretary of State

ANNUAL REPORT				Mar 24, 2008 08:	
DOCU 1. Entity Nam	MENT # L06000038	098		]- <b>^</b>	Secretary of St
WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC					
Principal Plac	ce of Business	Mailing Address			
775 FIRST AVENUE NORTH NAPLES, FL 34102  775 FIRST AVENUE NORTH NAPLES, FL 34102					
	B 40 21		,		
DO NOT WRITE IN THIS SPA			<b>^</b> _	01152008No Chg-LLC	CR2E083 (12/07)
L	O NOI WRITE	IN I HIS SPA	CE	4. FEI Number 20-4710889	Applied For Not Applicable
	A.B. Carlotte	And the state of t	, , , , ,	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		, i	4 N
MCLEAN, WALLACE W M.D. 775 FIRST AVENUE NORTH				DO NOT W	RITE
NAPLES, FL 34102				IN THIS SP	the contract of the contract o
				A CONTRACTOR OF THE CONTRACTOR	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE.			-		3 20-08
32	Signature, typed or printed name of registered agent a	and latte if applicable. (NOTE Register	ed Agent signature required	when reinstating)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	i.			
9.	MANAGING MEMBE	RS/MANAGERS	<u> </u>		Company of the second
TITLE	MGRM				
NAME STREET ADDRESS	MCLEAN, WALLACE W MD 187 9TH AVE SOUTH				
CITY-ST-ZIP	NAPLES, FL 34102				· · · · · · · · · · · · · · · · · · ·
TITLE	MGRM				· · · · · · · · · · · · · · · · · · ·
NAME	KAMERMAN, MAX L		. '	<u>" Ugogo</u> o	
STREET ADDRESS CITY-ST-ZIP	1286 GRAND CANAL DR NAPLES, FL 34110			04/08/08-	80088-003 143.75
TITLE	NAPLES, PL 34110	<u></u>	-		State A State of the State of t
NAME				, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS				DO NOT W	RITE
CITY-ST-ZIP TITLE			_ ,		
NAME				IN THIS SP	ACE
STREET ADDRESS					
CITY-ST-ZIP TITLE			<b>-</b>		
NAME					
STREET ADDRESS			• •	I to the same of the property of the same of	13 . The information of the
CITY-ST-ZIP	I				. •

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 trospec empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #