

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038098

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC

**Current Principal Place of Business:**

775 FIRST AVENUE NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

775 FIRST AVENUE NORTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 20-4710889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLEAN, WALLACE W M.D.  
775 FIRST AVENUE NORTH  
NAPLES, FL 34102 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: MCLEAN, WALLACE W MD  
Address: 187 9TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: KAMERMAN, MAX L  
Address: 1286 GRAND CANAL DR  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: KAMERMAN, MAX L MD  
Address: 9136 THE LANE  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify 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: WALLACE W. MCLEAN MD

MGRM

03/27/2009

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