2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

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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
Name: MCLEAN, WALLACE W MD
Address: 187 9TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

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

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: WALLACE W MCLEAN MD MGRM 01/18/2010

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