

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L06000087999

1. Entity Name
MEDICAL CARE FOR WOMEN, LLC



Principal Place of Business
1190 NW 95 STREET
105
MIAMI, FL 33150 US

Mailing Address
1190 NW 95 STREET
105
MIAMI, FL 33150 US



03032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5503820	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBURD, MARIE-CARMELLE C M.D.
1190 NW 95 STREET
STE 105
MIAMI, FL 33150

**DO NOT WRITE
IN THIS SPACE**

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: MARIE-CARMELLE LIBURD
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

03/10/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARIE-CARMELLE C. LIBURD, M.D., P.A.
STREET ADDRESS	1190 NW 95 STREET, SUITE 105
CITY-ST-ZIP	MIAMI, FL 33150

TITLE	MGR
NAME	LIBURD, RICHARD
STREET ADDRESS	1150 NW 95 ST STE 105
CITY-ST-ZIP	MIAMI, FL 33150

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

UG00000855393
03/27/08-80047-002 143.75

**DO NOT WRITE
IN THIS SPACE**

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: MARIE-CARMELLE LIBURD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/10/08
Date

Daytime Phone #