2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L06000101376

Entity Name: INSTITUTE FOR WOMEN'S DIAGNOSTIC SERVICES, PL

Current Principal Place of Business:

560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409

New Principal Place of Business:

420 COLUMBIA CIRCLE
SUITE 110
WEST PALM BEACH, FL 33409

Current Mailing Address:

560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409

New Mailing Address:

420 COLUMBIA CIRCLE
SUITE 110
WEST PALM BEACH, FL 33409

FEI Number: 20-5801950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENNA, CHRISTINE
560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

MCKENNA, CHRISTINE
420 COLUMBIA CIRCLE
SUITE 110
WEST PALM BEACH, FL 33409 US

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: 04/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete
Name: HERBERT, SETH J
Address: 1395 STATE RD 7 #450
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: HERBST, SETH J
Address: 1395 STATE RD 7 #450
City-St-Zip: WELLINGTON, FL 33414

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: SETH J HERBST D 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date