


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000101385</b> 1. Entity Name <b>INSTITUTE FOR WOMEN'S HEALTH &amp; BODY OF BOYNTON BEACH, PL</b>	
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Principal Place of Business <b>560 VILLAGE BLVD., STE. 335 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>560 VILLAGE BLVD., STE. 335 WEST PALM BEACH, FL 33409</b>
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**DO NOT WRITE IN THIS SPACE**



04152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5763780</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MCKENNA, CHRISTINE 560 VILLAGE BLVD., STE. 335 WEST PALM BEACH, FL 33409</b>
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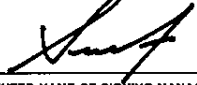
<b>8.</b> The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>000000910534</b> <b>05/07/08-80005-005 138.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBST, SETH J MD 1395 STATE RD 7 #450 WELLINGTON, FL 33414
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<b>11.</b> 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.
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<b>SIGNATURE:</b> 	<b>4-18-08</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>
	<small>Daytime Phone #</small>