

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-27-2007 90038 021 ****50.00

DOCUMENT # L06000101387

1. Entity Name
INSTITUTE FOR WOMEN'S HEALTH & BODY OF WEST PALM BEACH, FL



Principal Place of Business
**560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409**

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

30008331



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5795834

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCKENNA, CHRISTINE
560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SETH J HERBST MD
1395 STATE ROAD 7 #450
WELLINGTON FL 33414

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: *[Signature]* **SETH J HERBST MD** **4/23/07** **561-798-8975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #