


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000101387	
1. Entity Name INSTITUTE FOR WOMEN'S HEALTH & BODY OF WEST PALM BEACH, PL	

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
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DO NOT WRITE IN THIS SPACE



04152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5795834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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

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

U000000910528
05/07/08-800005-001 138.75

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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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:  **4-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____