2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2010
Secretary of State

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Entity Name: INSTITUTE FOR WOMEN'S HEALTH & BODY OF WEST PALM BEACH, PL

Current Principal Place of Business:

420 COLUMBIA CIRCLE
SUITE 110
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

420 COLUMBIA CIRCLE
SUITE 110
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-5795834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D
Name: HERBST, SETH J MD
Address: 1395 STATE RD 7 #450
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 Statues.

SIGNATURE: SETH J HERBST MD DIR 03/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date