
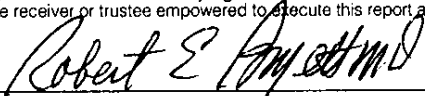


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90332 001 \*\*\*750.00

<b>DOCUMENT # L06000112417</b> 1. Entity Name <b>FEMLE HEALTHCARE FOR WOMEN, LLC</b>					
Principal Place of Business <b>3225 AVIATION AVE STE 500</b> <b>MIAMI, FL 33133-4741</b>			Mailing Address <b>3225 AVIATION AVE STE 500</b> <b>MIAMI, FL 33133-4741</b>		
2. Principal Place of Business - No P.O. Box # <b>17901 NW 5 ST</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>SUITE 202</b>		Suite, Apt. #, etc. 			
City & State <b>PEMBROKE PINES FL</b>		City & State 		04242007 Chg-LLC CR2E083 (12/06)	
Zip <b>33029</b>		Country <b>USA</b>		4. FEI Number <b>54-2129332</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>YELEN, MITCHELL A</b> <b>3225 AVIATION AVE STE 500</b> <b>MIAMI, FL 33133-4741</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
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	
			<b>MEMBER</b> <b>BOYETT, ROBERT MD.</b> <b>8955 SW 87 COURT #214</b> <b>MIAMI FL 33176</b>		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Robert E. Boyett, MD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone #		