

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90180 001 *2,636.25

DOCUMENT # L06000112417

1. Entity Name
FEMLEIFE HEALTHCARE FOR WOMEN, LLC



Principal Place of Business
17901 NW 5 STREET STE 202
HOLLYWOOD, FL 33029

Mailing Address
3225 AVIATION AVE STE 500
MIAMI, FL 33133-4741



04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2129332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YELEN, MITCHELL A
3225 AVIATION AVE STE 500
MIAMI, FL 33133-4741

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOYETT, ROBERT MD
8955 SW 87 CT #214
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #