

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077076

Entity Name: FLORIDA WOMAN CARE, LLC

FILED
Apr 23, 2012
Secretary of State

Current Principal Place of Business:

660 GLADES ROAD STE 340
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4205 W. ATLANTIC AVENUE
SUITE C-304
DELRAY BEACH, FL 33445

New Mailing Address:

3600 FAU BLVD.
SUITE 101
BOCA RATON, FL 33431

FEI Number: 26-0609255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONSKER, KENNETH A
4205 W. ATLANTIC AVENUE
SUITE C-304
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

KONSKER, KENNETH A
3600 FAU BLVD.
SUITE 101
BOCA RATON, FL 33431 US

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:

04/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BRIGGS, JOHN D MD
Address: 660 GLADES ROAD STE 340
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: KONSKER, KENNETH A MD
Address: 660 GLADES ROAD STE 340
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: ZANN, GEOFFREY J MD
Address: 660 GLADES ROAD STE 340
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: CONLEN, RICHARD A MD
Address: 660 GLADES ROAD STE 340
City-St-Zip: BOCA RATON, FL 33431

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 Statutes.

SIGNATURE: KENNETH KONSKER

MGRM

04/23/2012

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