

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118154

FILED
Apr 30, 2008
Secretary of State

Entity Name: WOMENS HEALTH PARTNERS, LLC

Current Principal Place of Business:

6853 SW 18TH STREET SUITE 301
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

3225 AVIATION AVE, SUITE 700
MIAMI, FL 33133

New Mailing Address:

3225 AVIATION AVENUE
SUITE 500
MIAMI, FL 33133

FEI Number: 54-2129332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YELEN, MITCH
3225 AVIATION AVE, SUITE 500
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

YELEN, MITCH A
3225 AVIATION AVENUE
SUITE 500
MIAMI, FL 33133 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: MITCH A YELEN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOYETTE, ROBERT MD
Address: 3225 AVIATION AVE, SUITE 7001
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOYETTE, ROBERT MD
Address: 8955 SW 87 COURT #214
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT E BOYETT

MGMR

04/30/2008

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