

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118154

FILED
Apr 17, 2009
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 AVENUE
SUITE 500
MIAMI, FL 33133

New Mailing Address:

FEI Number: 54-2129332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

YELEN, MITCH A
3225 AVIATION AVENUE
SUITE 500
MIAMI, FL 33133 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: MGRM () Delete
Name: BOYETTE, ROBERT MD
Address: 8955 SW 87 COURT #214
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCISCO J LEON

MR

04/17/2009

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