

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009402

FILED
Feb 17, 2009
Secretary of State

Entity Name: WOMEN'S CARE SPECIALISTS WMP, LLC

Current Principal Place of Business:

1921 WALDEMERE STREET SUITE 802
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE STREET SUITE 802
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-2466873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: POLLACK, NEIL B MD
Address: 1921 WALDEMERE STREET SUITE 802
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: DYAL, RUTH Y MD
Address: 1921 WALDEMERE STREET SUITE 802
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: SHRODER, MICHAEL M MD
Address: 1921 WALDEMERE STREET SUITE 802
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: TOWSLEY, GREG A MD
Address: 1921 WALDEMERE STREET SUITE 802
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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

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

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

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: NEIL B. POLLACK, M.D.

MGRM

02/17/2009

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