

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009402

FILED
Feb 15, 2011
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:

BLALOCK, WALTERS, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: CLIFFORD L WALTERS

02/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POLLACK, NEIL B MD
Address: 1921 WALDEMERE STREET SUITE 802
City-St-Zip: SARASOTA, FL 34239

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

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

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

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: NEIL B POLLACK, M.D.

MGRM

02/15/2011

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