2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111264

MARLER, DAVID F M.D.

2931 SHIPSTON AVENUE

NEW PORT RICHEY, FL 34655

Name:

Address:

City-St-Zip:

Entity Name: WOMEN'S HEALTH ASSOCIATES OF HERNANDO, PLC

FILED Jul 13, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place | New Principal Place of Business: | |
|---|--|---|--|
| 11373 CORTEZ BLVD. SUITE 408 BROOKSVILLE, FL 34613 | | | |
| Current Mailing Address: | New Mailing Addres | ss: | |
| PO BOX 5189 SPRINGHILL, FL 346115189 | | | |
| FEI Number: 26-3871042 FEI Number Applied For() In accordance with s. 607.193(2)(b), F.S., the limited liability of Name and Address of Current Registered Agent: | ompany did not receive the prior notic | Certificate of Status Desired() e. of New Registered Agent: | |
| MARLER, DAVID F M.D. 11373 CORTEZ BLVD. SUITE 408 BROOKSVILLE, FL 34613 US | | | |
| The above named entity submits this statement for the in the State of Florida. | e purpose of changing its registere | ed office or registered agent, or both | |
| SIGNATURE: | | | |
| Electronic Signature of Registered A | gent | Date | |
| MANAGING MEMBERS/MANAGERS: | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: MGRM () Delete | 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: DAVID F. MARLER, MD MGRM 07/13/2009