

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016100

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** WOMEN CARING FOR WOMEN OB/GYN, LLC

**Current Principal Place of Business:**

5645 CORAL RIDGE DRIVE  
#143  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

5645 CORAL RIDGE DRIVE  
#143  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

GOODHART, JONATHAN A  
5645 CORAL RIDGE DRIVE  
#143  
CORAL SPRINGS, FL 33076 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  
Name: ROMBRO, TAL I DO  
Address: 5645 CORAL RIDGE DRIVE, #143  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM  
Name: SLATON, BROOKE L MD  
Address: 5645 CORAL RIDGE DRIVE, #143  
City-St-Zip: CORAL SPRINGS, FL 33076

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: BROOKE SLATON

MGRM

04/12/2010

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