

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000065359

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** NIGEL A. SPIER M.D. F.A.C.O.G., LLC

**Current Principal Place of Business:**

3990 SHERIDAN STREET  
SUITE 207  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4205 W. ATLANTIC AVENUE  
SUITE C-304  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 26-0609255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KONSKER, KENNETH A  
4205 W. ATLANTIC AVENUE  
SUITE C-304  
DELRAY BEACH, FL 33445 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: FLORIDA WOMAN CARE, LLC  
Address: 660 GLADES ROAD, SUITE 340  
City-St-Zip: BOCA RATON, FL 33431 US

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: KENNETH KONSKER

MGRM

04/29/2011

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