

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065370

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** THE WOMEN'S CENTER FOR HEALTH, LLC

**Current Principal Place of Business:**

1925 MIZELL AVENUE  
SUITE 206  
WINTER PARK, FL 32772 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

3600 FAU BLVD  
STE 101  
BOCA RATON, FL 33431 US

**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:**

KONSKER, KENNETH A  
3600 FAU BLVD  
SUITE C-304TE 101  
BOCA RATON, FL 33431 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:

04/27/2012

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

04/27/2012

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