

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000072513

FILED
May 03, 2010
Secretary of State

Entity Name: THE WOMEN'S HEALTH INSTITUTE OF WELLINGTON, LLC

Current Principal Place of Business:

10131 W. FOREST HILL BOULEVARD
SUITE 130
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

660 GLADES ROAD
SUITE 340
BOCA RATON, FL 33431

New Mailing Address:

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

FEI Number: 26-0609255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KONSKER, KENNETH A
660 GLADES ROAD
SUITE 340
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

KONSKER, KENNETH A
4205 W. ATLANTIC AVENUE
SUITE C-304
DELRAY BEACH, FL 33445 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: KENNETH A. KONSKER

05/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FLORIDA WOMAN CARE, LLC
Address: 660 GLADES ROAD, #340
City-St-Zip: BOCA RATON, FL 33431

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: FLORIDA WOMAN CARE, LLC

MGRM

05/03/2010

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