

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117488

FILED
Apr 07, 2011
Secretary of State

Entity Name: WOMEN'S CARE FLORIDA, LLC

Current Principal Place of Business:

5830-A WEST CYPRESS STREET
TAMPA, FL 336071787

New Principal Place of Business:

Current Mailing Address:

PO BOX 25317
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-3443182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADLE, ALISTAIR
5830-A WEST CYPRESS STREET
TAMPA, FL 336071787 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: DR.
Name: ARMAS, IGNACIO
Address: 5830 A WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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: IGNACIO ARMAS

DR.

04/07/2011

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