

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017620

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** HEALTH SOLUTIONS FOR WOMEN, LLC

**Current Principal Place of Business:**

3600 FOREST HILL BOULEVARD  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

660 GLADES ROAD  
SUITE 340  
BOCA RATON, FL 33431 US

**New Mailing Address:**

4205 W. ATLANTIC AVENUE  
#C-304  
DELRAY BEACH, FL 33445 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  
660 GLADES ROAD  
SITE 340  
BOCA RATON, FL 33431 US

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

KONSKER, KENNETH A  
4205 W. ATLANTIC AVENUE  
#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:

04/30/2011

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 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

04/30/2011

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