

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049385

FILED
Apr 30, 2011
Secretary of State

Entity Name: FLORIDA WOMAN CARE OF JACKSONVILLE, LLC

Current Principal Place of Business:

3627 UNIVERSITY BLVD. SOUTH, SUITE 340
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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, #C-304
DELRAY BEACH, FL 33445 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 SUITE 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: KENNETH KONSKER

MGRM

04/30/2011

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