2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GRACE WOMEN'S HEALTHCARE, LLC

Current Principal Place of Business:

2401 FRIST BOULEVARD
SUITE 3
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

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

Title: MGR
Name: ZOLLICOFFER, CARL
Address: 2401 FRIST BOULEVARD, #3
City-St-Zip: FORT PIERCE, FL 34950 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 Statues.

SIGNATURE: KENNETH KONSKER MGRM 04/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date