

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000098129

FILED
Apr 29, 2011
Secretary of State

Entity Name: NORTH FLORIDA WOMAN CARE, LLC

Current Principal Place of Business:

6400 W. NEWBERRY RD., STE 207
GAINESVILLE, FL 32605 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

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

04/29/2011

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