

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000026821

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** WOMEN'S HEALTH SPECIALISTS OF CENTRAL FLORIDA, PL

**Current Principal Place of Business:**

402 N.W. SHEFFIELD CIRCLE  
PORT ST. LUCIE, FL 34769

**New Principal Place of Business:**

3131 INNOVATION DRIVE  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

402 N.W. SHEFFIELD CIRCLE  
PORT ST. LUCIE, FL 34769

**New Mailing Address:**

3131 INNOVATION DRIVE  
SAINT CLOUD, FL 34769

**FEI Number:** 27-5370537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SENCANI, SILPA  
3131 INNOVATION WAY  
ST. CLOUD, FL 34769 US

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

SENCANI, SILPA  
8915 GREY HAWK POINT  
ORLANDO, FL 32836 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: S.SILPA

04/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SENCHANI, SILPA  
Address: 8915 GREY HAWK POINT  
City-St-Zip: ORLANDO, FL 32836

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: S.SILPA

MGRM

04/04/2012

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