

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061140

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** WOMEN TO WOMEN OB GYN CARE, LLC

**Current Principal Place of Business:**

10940 NW 6TH COURT  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

3990 SHERIDAN STREET  
201  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

10940 NW 6TH COURT  
PLANTATION, FL 33324 US

**New Mailing Address:**

3990 SHERIDAN STREET  
201  
HOLLYWOOD, FL 33021 US

FEI Number: 61-1651620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASLYAK, SVETLANA  
10940 NW 6TH COURT  
PLANTATION, FL 33324 US

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

MASLYAK, SVETLANA MD  
3990 SHERIDAN STREET  
201  
HOLLYWOOD, FL 33021 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: SVETLANA MASLYAK

03/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MASLYAK, SVETLANA  
Address: 3990 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM  
Name: GRAY, SHRUSAN MD  
Address: 3990 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: SVETLANA MASLYAK

MD

03/30/2012

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