

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000007043

1. Entity Name
MEI WOMEN'S HEALTH SERVICES LLC



Principal Place of Business
**11772 WEST SAMPLE ROAD
SUITE 101
CORAL SPRINGS, FL 33065**

Mailing Address
**11772 WEST SAMPLE ROAD
SUITE 101
CORAL SPRINGS, FL 33065**



03212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4409573

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALTZER, GORDON
11772 WEST SAMPLE ROAD
SUITE 101
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THE MEI HEALTHCARE GROUP, LLC
11772 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

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CITY-ST-ZIP

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06/01/2006 13-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RICHARD McLAUGHLIN

3/28/07 (954) 341-3302

Date

Daytime Phone #