

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004300

FILED
Jan 09, 2011
Secretary of State

Entity Name: CENTER FOR SEXUAL HEALTH AND EDUCATION LLC

Current Principal Place of Business:

3537 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3537 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Mailing Address:

13833 WELLINGTON TRACE
E-4 PMB 217
WEST PALM BEACH, FL 33414

FEI Number: 20-8185499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CODY M
14765 PADDOCK DR
WELLINGTON, FL FL33414 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: MGR
Name: WHELIHAN, MAUREEN MD
Address: 3537 FOREST HILL BLVD
City-St-Zip: WEST PALMBEACH, FL 33406

Title: MGR
Name: WHELIHAN, MAUREEN MD
Address: 15830 JOHN J DELANEY DR #275
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: KELLY-JONES, ALYSE MD
Address: 15830 JOHN J DELANEY DR #275
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: STRIPLING, JOHN MD
Address: 3537 FOREST HILL BLVD
City-St-Zip: WEST PALM BCH, FL 33406

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: MAUREEN WHELIHAN MD

MNMB

01/09/2011

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