

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001549

Entity Name: PAVILION FOR WOMENS CARE, LLC

Current Principal Place of Business:

8501 SW 124 AVE
STE 211
MIAMI, FL 33183

Current Mailing Address:

8501 SW 124 AVE
STE 211
MIAMI, FL 33183 US

FEI Number: 11-3683077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBOWITZ, MELVIN J
11900 BISCAYNE BLVD., SUITE 720
MIAMI, FL 33445 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name KIRBY, JOHN
Address 7360 CORAL WAY
SUITE 8
City-State-Zip: MIAMI FL 33155

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN KIRBY

MANAGER

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date