

**2013 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 2500 SW 75TH AVENUE  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN KIRBY

**MANAGER**

**03/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date