2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: WOMEN'S PELVIC HEALTH & CONTINENCE CENTER, P.L.

Current Principal Place of Business:

6440 W NEWBERRY RD, STE 409
GAINESVILLE, FL 32605

Current Mailing Address:

6440 W NEWBERRY RD, STE 409
GAINESVILLE, FL 32605

FEI Number: 20-2620852

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROLFE, PAM
6440 WEST NEWBERRY ROAD
409
GAINESVILLE, FL 32605 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	MD
Name	BAILEY, GREGORY J
Address	6440 W NEWBERRY RD, STE 409
City-State-Zip:	GAINESVILLE FL 32605

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: GREGORY BAILEY PRESIDENT 04/02/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date