

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038098

Entity Name: WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC

Current Principal Place of Business:

775 FIRST AVENUE NORTH
NAPLES, FL 34102

Current Mailing Address:

775 FIRST AVENUE NORTH
NAPLES, FL 34102

FEI Number: 20-4710889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCLEAN, WALLACE WM.D.
775 FIRST AVENUE NORTH
NAPLES, FL 34102 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 MGRM
Name MCLEAN, WALLACE WMD
Address 187 9TH AVE SOUTH
City-State-Zip: NAPLES FL 34102

Title MGRM
Name KAMERMAN, MAX LMD
Address 9136 THE LANE
City-State-Zip: NAPLES FL 34109

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: MAX L. KAMERMAN, MD

MGRM

02/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date