2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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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	Title	MGRM
Name	MCLEAN, WALLACE WMD	Name	KAMERMAN, MAX LMD
Address	187 9TH AVE SOUTH	Address	9136 THE LANE
City-State-Zip:	NAPLES FL 34102	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALLACE W MCLEAN MD MGRM 03/05/2017

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