

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000117488

Entity Name: WOMEN'S CARE FLORIDA, LLC

Current Principal Place of Business:

4030 WEST BOY SCOUT BLVD.
SUITE 800
TAMPA, FL 33607

Current Mailing Address:

4030 WEST BOY SCOUT BLVD.
SUITE 800
TAMPA, FL 33607 US

FEI Number: 59-3443182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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 PRESIDENT
Name ARMAS, IGNACIO M.D.
Address 4030 WEST BOY SCOUT BLVD.
 SUITE 800
City-State-Zip: TAMPA FL 33607

Title CEO
Name HOLTON, MICHAEL
Address 4030 WEST BOY SCOUT BLVD.
 SUITE 800
City-State-Zip: TAMPA FL 33607

Title CHIEF FINANCIAL OFFICER AND
 TREASURER
Name SMITH, KIM
Address 4030 WEST BOY SCOUT BLVD.
 SUITE 800
City-State-Zip: TAMPA FL 33607

Title GENERAL COUNSEL AND
 SECRETARY
Name ANDREWS, KELLY
Address 4030 WEST BOY SCOUT BLVD.
 SUITE 800
City-State-Zip: TAMPA FL 33607

Title CHIEF MEDICAL OFFICER
Name KUROKI, HELEN M.D.
Address 4030 WEST BOY SCOUT BLVD.
 SUITE 800
City-State-Zip: TAMPA FL 33607

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: KELLY ANDREWS

GENERAL COUNSEL AND 03/27/2024
SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date