

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080886

**Entity Name:** PAVILION FOR WOMEN'S HEALTH AND WELLNESS, LLC

**Current Principal Place of Business:**

8501 SW 124 AVE  
SUITE 211  
MIAMI, FL 33183

**Current Mailing Address:**

3731 FAU BLVD  
STE 1  
BOCA RATON, FL 33431 US

**FEI Number:** 45-2852518

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KONSKER, KENNETH A  
3731 FAU BLVD  
STE 1  
BOCA RATON, FL 33431 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 FLORIDA WOMAN CARE, LLC  
Address 3731 FAU BLVD  
STE 1  
City-State-Zip: BOCA RATON FL 33431

*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:** GAVIN MA

04/18/2014

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

\_\_\_\_\_  
Date