

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000079301

**Entity Name:** MAETOZO TOTAL WOMANS CARE, LLC

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE  
SUITE 103  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1501 YAMATO ROAD SUITE 200 W  
BOCA RATON, FL 33431 US

**FEI Number:** 36-4790827

**Certificate of Status Desired:** Yes

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

UPM SERVICE CORP.  
1501 YAMATO ROAD SUITE 200 W  
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  
Address 660 GLADES ROAD, SUITE 340  
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:** SUELING CHRISTOPHER

**PRESIDENT**

**04/28/2015**

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

\_\_\_\_\_  
Date