## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000141811

Entity Name: PHYSICIANS TO WOMEN II, LLC

**Current Principal Place of Business:** 

4010 W. BOY SCOUT BLVD STUART, FL 34994

**Current Mailing Address:** 

4010 W. BOY SCOUT BLVD SUITE 500 TAMPA, FL 33607 US

FEI Number: 38-4010190 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Jan 28, 2025

**Secretary of State** 

1019061373CC

Authorized Person(s) Detail:

Title MEMBER Title AUTHORIZED PERSON

Name FLORIDA WOMAN CARE Name WRIGHT, BRIAN

Address 4010 W. BOY SCOUT BLVD Address 4010 W. BOY SCOUT BLVD

SUITE 500

SUITE 500

City-State-Zip: TAMPA FL 33607 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: BRIAN WRIGHT

Electronic Signature of Signing Authorized Person(s) Detail

01/28/2025 Date