

2017

# Limited Liability Company Annual Report

Due on or Before: November 1, 2017  
 ID: 2012-000632644 *R#12B1522*  
 State of Formation: Wyoming  
 License Tax Due: \$50.00  
 AR Number: 02982826



ID: 2012-000632644  
 Filed: 09/29/2017 02:22 PM  
 AR Number: 02982826

## WOMEN'S HEALTH & FAMILY CARE, LLC

### 1: Mailing Address

555 E Broadway Ste 108  
 PO Box 14230  
 Jackson, WY 83001

### Current Registered Agent:

S Douglas George  
 555 E Broadway Ste 108  
 PO Box 14230  
 Jackson, WY 83001

### 2: Principal Office Address

555 E Broadway Ste 108  
 Jackson, WY 83001

Phone: (307) 734-1313  
 Fax: (307) 734-5003  
 Email: jillian@leavellcpa.com

• Please review the current Registered Agent information and, if it needs to be changed or updated, complete the appropriate Statement of Change form available from the Secretary of State's website at <http://soswy.state.wy.us>

I hereby certify under the penalty of perjury that the information I am submitting is true and correct to the best of my knowledge.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature

*Gioannina Anthony, MS*  
 \_\_\_\_\_  
 Printed Name

August 22, 2017  
 \_\_\_\_\_  
 Date

The fee is \$50 or two-tenths of one mill on the dollar (\$.0002), whichever is greater.

### Instructions:

1. Complete the required worksheet.
2. Sign and date this form and return it to the Secretary of State at the address provided above.

