

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000145722

**Entity Name:** CENTER FOR WOMENS HEALTH, LLC

**Current Principal Place of Business:**

131 E REDSTONE AVE  
SUITE 109  
CRESTVIEW, FL 32539

**Current Mailing Address:**

131 E REDSTONE AVE  
SUITE 109  
CRESTVIEW, FL 32539 US

**FEI Number:** 61-1801151

**Certificate of Status Desired:** No

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

MAYS, STRICKER C II  
131 E REDSTONE AVE  
SUITE 109  
CRESTVIEW, FL 32539 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            AMBR  
Name            MAYS, MYRA M  
Address        131 E REDSTONE AVE SUITE 109  
City-State-Zip: CRESTVIEW FL 32539

Title            OWNER  
Name            MAYS, STRICK C DR.  
Address        131 E REDSTONE AVE  
                  SUITE 109  
City-State-Zip: CRESTVIEW FL 32539

*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:** STRICKER C MAYS

**OWNER**

**03/07/2019**

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

\_\_\_\_\_  
Date