

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23193

FILED
Apr 01, 2008
Secretary of State

Entity Name: A WOMAN'S CHOICE, INC., A MEDICAL PROGRAM FOR WOMEN

Current Principal Place of Business:

1234 E LIME ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1234 E LIME ST
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2853796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKLAND, JOHN E
1405 BARTOW ROAD
LAKELAND, FL 33802 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, JERI
Address: 2102 HOOF PRINT LANE
City-St-Zip: LAKELAND, FL 33811

Title: PD () Delete
Name: ORTIZ, JOSE
Address: 1611 STEPHANIE LANE
City-St-Zip: LAKELAND, FL 33813

Title: STD () Delete
Name: HARRELL, LES
Address: 1812 COMANCHE TRL
City-St-Zip: LAKELAND, FL 33803

Title: ED () Delete
Name: YURCHAK, KRISTA
Address: 1616 SIMS PLACE
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: EDWARDS, JIMMY R
Address: 6770 LAKE CLARK DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: ROBERTS, WILLIAM
Address: 5789 LK VICTORIA DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, JIMMY R
Address: 6770 LAKE CLARK DR
City-St-Zip: LAKELAND, FL 33813

Title: VD (X) Change () Addition
Name: ROBERTS, WILLIAM
Address: 5789 LK VICTORIA DR
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTA YURCHAK

ED

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date