

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111020

Entity Name: A PLACE FOR WOMEN, P.A.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

10011 SEMINOLE BLVD  
STE. A  
SEMINOLE, FL 33772

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4007  
SEMINOLE, FL 33775

## New Mailing Address:

10011 SEMINOLE BLVD  
STE A  
SEMINOLE, FL 33772

FEI Number: 59-3684014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO DELIA, BONET MD  
1270 ALEXANDER WAY  
CLEARWATER, FL 33756 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DELGADO BONET, DELIA MD  
Address: 10011 SEMINOLE BLVD, STE. A  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELIA DELGADO BONET

DR

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date