

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099445

FILED
Sep 25, 2012
Secretary of State

Entity Name: VILLAGE WOMEN'S HEALTHCARE PA

Current Principal Place of Business:

2247 PALM BEACH LAKES BLVD.
SUITE 206
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2247 PALM BEACH LAKES BLVD.
SUITE 206
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-1151189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DR. KATIA T. LAREMONT
2247 PALM BEACH LAKES BLVD.
SUITE 206
WEST PALM BEACH, FL 33409 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: MD
Name: LAREMONT, KATIA T
Address: 2247 PALM BEACH LAKES BLVD., SUITE 206
City-St-Zip: WEST PALM BEACH, FL 33409

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 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 all other like empowered.

SIGNATURE: KATIA LAREMONT

PRES

09/25/2012

Electronic Signature of Signing Officer or Director

Date