2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097300

Entity Name: WOMENCARE, INC.

FILED Aug 28, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2802 ALOMA AVE., SUITE 100 930 LAKE BALDWIN LANE WINTER PARK, FL 32792 ORLANDO, FL 32814

Current Mailing Address: New Mailing Address:

2802 ALOMA AVE., SUITE 100 930 LAKE BALDWIN LANE WINTER PARK, FL 32792 ORLANDO, FL 32814

FEI Number: 59-3673764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARRY, BRENDA M BARRY, BRENDA M 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792 L 930 LAKE BALDWIN LANE ORLANDO, FL 32814

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: 08/28/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: BARRY, BRENDA M MD BARRY, BRENDA M MD Name: Name: 2802 ALOMA AVE. #100 Address: 930 LAKE BALDWIN LANE Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32814

Title: VΡ () Delete Title: VSD (X) Change () Addition

Name: GAYLE, VICKIE L Name: GAYLE, VICKIE L 2802 ALOMA AVE #100 Address: 930 LAKE BALDWIN LANE Address: WINTER PARK, FL 32792 ORLANDO, FL 32814 City-St-Zip: 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: BRENDA M. BARRY PTD 08/28/2007