

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23193

**FILED**  
**Jun 27, 2013**  
**Secretary of State**  
**CC3558934497**

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

**Current Principal Place of Business:**

1234 E LIME ST  
LAKELAND, FL 33801

**Current Mailing Address:**

1234 E LIME ST  
LAKELAND, FL 33801 US

**FEI Number:** 59-2853796

**Certificate of Status Desired:** No

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

KLEIN, REBECCA  
716 LAKE ELOISE PLACE  
WINTER HAVEN, FL 33884 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

**Officer/Director Detail :**

Title P  
Name THOMAS, JERI  
Address 2102 HOOFF PRINT LANE  
City-State-Zip: LAKELAND FL 33811

Title D  
Name KLEIN, REBECCA  
Address 716 LAKE ELOISE PLACE  
City-State-Zip: WINTER HAVEN FL 33884

Title T  
Name HENDRY, BYRON  
Address 4068 CARTERET DR.  
City-State-Zip: LAKEL WALES FL 33844

Title VP  
Name NESLUND, CALLIE  
Address 2322 W END AVE  
City-State-Zip: LAKELAND FL 33803

Title BOARD MEMBER  
Name CASCIOLI, DEBORAH  
Address 2327 SHENANDOAH ST  
City-State-Zip: LAKELAND FL 33812

Title TREASURER  
Name FEAR, CHRIS  
Address 1211 ROLLINGWOODS LANE  
City-State-Zip: LAKELAND FL 33813

Title BOARD MEMBER  
Name KOEHLER, DON  
Address 5211 SLIGH RD  
City-State-Zip: LAKELAND FL 33813

Title BOARD MEMBER  
Name LAIDLER, WALTER  
Address P.O. BOX 1271  
City-State-Zip: LAKELAND FL 33802

**Continues on page 2**

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

**SIGNATURE:** REBECCA KLEIN

**EXECUTIVE DIRECTOR**

**06/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name PALMER, KATHI  
Address 9504 MAIDENCANE COURT  
City-State-Zip: LAKELAND FL 33810