

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23193

**FILED  
Jan 25, 2019  
Secretary of State  
2188053871CC**

**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: Yes**

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

KLEIN, REBECCA  
1234 E LIME STREET  
LAKELAND, FL 33801 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 VP  
Name SPAFFORD, ADAM  
Address 117 E MAXWELL ST  
City-State-Zip: LAKELAND FL 33803

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

Title SECRETARY  
Name MOSS, CANDACE  
Address 4019 JENNY DRIVE  
City-State-Zip: LAKELAND FL 33813

Title BOARD MEMBER  
Name FEAR, CHRIS  
Address 1211 ROLLING WOODS LANE  
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT  
Name FREED, CLARKE  
Address 5017 FAIRFAX E  
City-State-Zip: LAKELAND FL 33813

Title TREASURER  
Name CHEEK, COADY  
Address 1002 SUCCESS AVE  
City-State-Zip: LAKELAND FL 33803

*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**

**01/25/2019**

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

\_\_\_\_\_  
Date