

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03966

Entity Name: NORTH FLORIDA WOMEN'S HEALTH AND COUNSELING SERVICES, INC.

Current Principal Place of Business:

1345 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301

Current Mailing Address:

P. O. BOX 7124
TALLAHASSEE, FL 32314 US

FEI Number: 59-2065288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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: ADAM THOMAS

07/12/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY,
TREASURER, DIRECTOR

Name SPARKS, DEBRA

Address P. O. BOX 7124

City-State-Zip: TALLAHASSEE FL 32314

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: DEBRA SPARKS

PRESIDENT

07/12/2014

Electronic Signature of Signing Officer/Director Detail

Date