

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K84517

**Entity Name:** A WOMAN'S CARE, INC.

**Current Principal Place of Business:**

68 N.E. 167 STREET  
SUITE A  
MIAMI, FL 33162

**Current Mailing Address:**

68 N.E. 167 STREET  
SUITE A  
MIAMI, FL 33162

**FEI Number:** 65-0122192

**Certificate of Status Desired:** No

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

SENISES, SIOMARA  
3500 FAIRFAX LN  
DAVIE, FL 33330 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               | Title           | P                |
| Name            | SENISES, SIOMARA | Name            | PEGUERO, MARIA   |
| Address         | 3500 FAIR FAX LN | Address         | 18794 NW 80 AVE. |
| City-State-Zip: | DAVIE FL 33330   | City-State-Zip: | MIAMI FL         |

*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:** SIOMARA SENISES

**V.P.**

**04/26/2016**

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

\_\_\_\_\_  
Date