

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000097300

**Entity Name:** WOMENCARE, INC.

**Current Principal Place of Business:**

930 LAKE BALDWIN LANE  
ORLANDO, FL 32814

**Current Mailing Address:**

930 LAKE BALDWIN LANE  
ORLANDO, FL 32814

**FEI Number:** 59-3673764

**Certificate of Status Desired:** No

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

BARRY, BRENDA M  
930 LAKE BALDWIN LANE  
ORLANDO, FL 32814 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            PTD  
Name            BARRY, BRENDA MMD  
Address        930 LAKE BALDWIN LANE  
City-State-Zip: ORLANDO FL 32814

Title            VSD  
Name            GAYLE, VICKIE L  
Address        930 LAKE BALDWIN LANE  
City-State-Zip: ORLANDO FL 32814

*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:** VICKIE GAYLE

VP

02/15/2017

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

\_\_\_\_\_  
Date