

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024034

Entity Name: SOUTH BROWARD WOMEN'S CARE, INC.

Current Principal Place of Business:

599 S FEDERAL HWY
104
DANIA, FL 33004

Current Mailing Address:

P.O BOX 640495
MIAMI, FL 33164 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUMENY, ELIE
599 S FEDERAL HWY
104
DANIA, FL 33004 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 PVST
Name DUMENY, ELIE
Address P.O. BOX 640495
City-State-Zip: MIAMI FL 33164

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: ELIE DUMENY

PVST

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date