

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000038899

**Entity Name:** A WOMAN'S CARE, LLC

**Current Principal Place of Business:**

1901 S.E. 18TH AVENUE  
BLDG 200  
OCALA, FL 34471

**Current Mailing Address:**

1901 S.E. 18TH AVENUE  
BLDG 200  
OCALA, FL 34471 US

**FEI Number:** 20-4692537

**Certificate of Status Desired:** No

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

HEARN, EVETTE F  
3236 S.E. 41ST PLACE  
OCALA, FL 34480 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

**Authorized Person(s) Detail :**

Title MGRM  
Name HEARN, EVETTE F  
Address 3236 S.E. 41ST PLACE  
City-State-Zip: Ocala FL 34480

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVETTE HEARN

MGRM

04/16/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date