

2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVETTE HEARN

MEMBER

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date