

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67781

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** WOMEN'S CARE CENTER OF PASCO, P.A.

**Current Principal Place of Business:**

5422 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5422 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-2557728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOMAN, MELCHIADES J M  
5422 US HWY 19  
NEW PORT RICHEY, FL 33652 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LOMAN, MELCHIADES J MD  
**Address:** 5422 US HWY 19  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** DTS  
**Name:** SMITH, ROBERT L MD  
**Address:** 5422 US HWY 19  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

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:** MELCHIADES J. LOMAN

PD

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date