2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# J98281

Entity Name: BAY AREA WOMEN'S CARE, INC.

Current Principal Place of Business:

1055 S. FT. HARRISON
CLEARWATER, FL 33756 US

New Principal Place of Business:

1055 S. FORT HARRISON AVE.
CLEARWATER, FL 33756 US

Current Mailing Address:

1055 S. FT. HARRISON
CLEARWATER, FL 33756 US

New Mailing Address:

1055 S. FORT HARRISON AVE.
CLEARWATER, FL 33756 US

FEI Number: 59-2845189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERFREUND, DAVID O MD
1055 SO. FT. HARRISON
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

PETERFREUND, DAVID O MD
1055 S. FORT HARRISON AVE.
CLEARWATER, FL 33756 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: DAVID PETERFREUND 02/08/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V
Name: ST. JOHN, PATRICIA A
Address: 304 MAGNOLIA DR
City-St-Zip: CLEARWATER, FL

Title: P
Name: PETERFREUND, DAVID O
Address: 1202 PALMVIEW AVE.
City-St-Zip: BELLEAIR, FL 33756

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: DAVID PETERFREUND PRES 02/08/2012
Electronic Signature of Signing Officer or Director Date