

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000038899

Entity Name: A WOMAN'S CARE, LLC

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1805 SE 16TH AVENUE  
SUITE 602  
OCALA, FL 34471 US

## **New Principal Place of Business:**

1805 SE 16TH AVENUE  
SUITE 602  
OCALA, FL 344714672 US

## **Current Mailing Address:**

1805 SE 16TH AVENUE  
SUITE 602  
OCALA, FL 34471 US

## **New Mailing Address:**

1805 SE 16TH AVENUE  
SUITE 602  
OCALA, FL 344714672 US

FEI Number: 20-4692537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

## **MANAGING MEMBERS/MANAGERS:**

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

I hereby certify that the information indicated on this 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.

SIGNATURE: EVETTE HEARN

MGRM

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date