

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90015 014 ***150.00

DOCUMENT # L69076 1. Entity Name GENESIS WOMEN'S CENTER, P.A.					
Principal Place of Business 800 MEDICAL CT. E. INVERNESS, FL 34452-4612			Mailing Address 800 MEDICAL CT. E. INVERNESS, FL 34452-4612		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROJAS, ARMANDO 800 MEDICAL CT. E. INVERNESS, FL 34452-4612				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 59-3005831	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSVP ANTONY, THOMAS R M.D. 800 MEDICAL CT. E. INVERNESS, FL 344524612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROJAS, ARMANDO M.D. 800 MEDICAL CT. E. INVERNESS, FL 344524612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS RODRIGUEZ, CARLOS A M.D. 800 MEDICAL CT. E. INVERNESS, FL 344524612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					