2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2012
Secretary of State

DOCUMENT# L69076

Entity Name: GENESIS WOMEN'S CENTER, P.A.

Current Principal Place of Business:

800 MEDICAL CT. E.
INVERNESS, FL 344524612

New Principal Place of Business:

Current Mailing Address:

800 MEDICAL CT. E.
INVERNESS, FL 344524612

New Mailing Address:

FEI Number: 59-3005831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROJAS, ARMANDO
800 MEDICAL CT. E.
INVERNESS, FL 344524612 US

Name and Address of New Registered Agent:

ROJAS, ARMANDO L MD
800 MEDICAL CT. E.
INVERNESS, FL 344524612 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: ARMANDO L ROJAS, MD 07/13/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TSVP
Name: ANTONY, THOMAS R M.D.
Address: 800 MEDICAL CT. E.
City-St-Zip: INVERNESS, FL 344524612

Title: P
Name: ROJAS, ARMANDO L M.D.
Address: 800 MEDICAL CT. E.
City-St-Zip: INVERNESS, FL 344524612

Title: VPAS
Name: RODRIGUEZ, CARLOS A M.D.
Address: 800 MEDICAL CT. E.
City-St-Zip: INVERNESS, FL 344524612

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: ARMANDO L ROJAS, MD P 07/13/2012
Electronic Signature of Signing Officer or Director Date