## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010628

FILED Jan 05, 2012 Secretary of State

Entity Name: WOMEN'S CANCER CARE FUND INC.

Current Principal Place of Business: New Principal Place of Business:

401 WEST LINTON BLVD STE 300 DELRAY BEACH, FL 33444

Current Mailing Address: New Mailing Address:

401 WEST LINTON BLVD STE 300 DELRAY BEACH, FL 33444

FEI Number: 26-3786397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CIRISANO, FRANK 401 WEST LINTON BLVD STE 300 DELRAY BEACH, FL 33444 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DR

Name: CIRISANO, FRANK

Address: 401 WEST LINTON BLVD.,SUITE 300

City-St-Zip: DELRAY BEACH, FL 33444

Title: DST

 Name:
 RUSHING, DEA

 Address:
 3578 LAKEVIEW DRIVE

 City-St-Zip:
 DELRAY BEACH, FL 33445

Title:

Name: IAROSSEVITCH, OLGA

Address: 401 WEST LINTON BLVD.,STE. 300 City-St-Zip: DELRAY BEACH, FL 33444

Title: [

Name: GONZALEZ, ERLY

Address: 401 WEST LINTON BLVD., SUITE 300

City-St-Zip: DELRAY BEACH, FL 33444

Title:

Name: TONG, SYLVIA

Address: 401 WEST LINTON BLVD., SUITE 300

City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD

Name: SHELTON, HANNAH Address: 4840 HIGHWAY 22 City-St-Zip: MANDEVILLE, LA 70471

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK CIRISANO DR 01/05/2012