

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 041 \*\*\*\*70.00

**DOCUMENT # N23193**

1. Entity Name  
**A WOMAN'S CHOICE, INC., A MEDICAL PROGRAM FOR WOMEN**



Principal Place of Business

~~1231 E ORANGE ST~~  
~~LAKELAND, FL 33801 US~~

Mailing Address

~~1231 E ORANGE ST~~  
~~LAKELAND, FL 33801 US~~

**50010584**



2. Principal Place of Business

**1234 E. Lime St.**

3. Mailing Address

**1234 E. Lime St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006

Chg-NP

CR2E037 (11/05)

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

4. FEI Number

**59-2853796**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRKLAND, JOHN E  
1405 BARTOW ROAD  
LAKELAND, FL 33802**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete  
NAME **O'HARROW, WILLIAM**  
STREET ADDRESS **4430 VINSON RD**  
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **PD** ☐ Delete  
NAME **ORTIZ, JOSE**  
STREET ADDRESS **1611 STEPHANIE LANE**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☒ Delete  
NAME **BOOTH, JAMES SR**  
STREET ADDRESS **6760 LAKE CLARK DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **MD** ☐ Delete  
NAME **SMITH, DIANE E**  
STREET ADDRESS **1135 COLONY ARMS DRIVE**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **VD** ☐ Delete  
NAME **EDWARDS, JIMMY R**  
STREET ADDRESS **6770 LAKE CLARK DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Lopez, Ed**  
STREET ADDRESS **4530 Hallam Hill Ln.**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **Worsley, Mary**  
STREET ADDRESS **5020 Dismuke Dr.**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **Harrell, Les**  
STREET ADDRESS **1812 Comanche Trail**  
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ebersole, Dr. Carol**  
STREET ADDRESS **755 Hanover Way**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **Roberts, Dr. William**  
STREET ADDRESS **5789 Lake Victoria Drive**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:**

**Diane E. Smith, Executive Director** 456 863-683-2341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #