2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 8:00 am Secretary of State

DOCUMENT # N30226 1. Entity Name FIRST CHOICE WOMEN'S CENTERS, INC.				04-09-2	04-09-2004 90076 044 ****70.00		
Principal Place of Business 257 NORTH KROME AVE HOMESTEAD, FL 33030 US Mailing Address 257 K. KROME AVENUE HOMESTEAD, FL 33030				2 2 0 6	2 2 V M V Z V F		
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03102004 Chg-NP	CR2E037 (10/03)		
City & Stat	e .	City & State		4. FEI Number 65-0098388	Applied For	_	
Zip	Country	Zip	Country	5. Certificate of Status Desir	ed \$8.75 Additional Fee Required	e	
	6. Name and Address of Curren	<u>l</u> t Registered Agent	· ·	7. Name and Address of N		-	
		<u> </u>	Name			_	
HALE, ALEXIS 19321 STERLING DR MIAMI, FL 33157		Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code		
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	tions of registered agent.	for the purpose of changing its r	egistered office o	r registered agent, or both, in the State (or Florida. I am familiar with, and accep	ī	
SIGNATURE .	Alus Vale				4/7/04		
	Signature, typed or printed name of registered agen	nt and title it applicable. (NOTE:	Registered Agent signa	ure required when reinstating)	DATE *		
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signa	ure required when reinstating)	DATE *		
	Filling Fee is \$61.25 Due by May 1, 2004	9. Efection Cam Trust Fund Co	paign Financing	\$5.00 May Be	Make check payable to Florida Department of State		
10.	Filing Fee is \$61.25	9. Efection Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		· · · · · · · · · · · · · · · · · · ·	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SQNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

(305) 248-2143

Daytime Phone #