

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30226

FILED
Feb 27, 2006
Secretary of State

Entity Name: FIRST CHOICE WOMEN'S CENTERS, INC.

Current Principal Place of Business:

257 NORTH KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

257 K. KROME AVENUE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0098388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALE, ALEXIS
19321 STERLING DR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

BAGNELL, MAYULIS MRS.
8864 SW 176 TERRACE
MIAMI, FL 33157 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: MAYULIS BAGNELL

02/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: BAGNELL, MAY MRS.
Address: 8864 SW 176 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: DAVIES, NANCY MRS.
Address: 18424 SW 294 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: NIGUIDULA, AMANDA MRS.
Address: 9347 NASSAU DR.
City-St-Zip: MIAMI, FL 33189

Title: T () Delete
Name: FLYNT, JOCELYN MRS.
Address: 8111 SW 137 STREET
City-St-Zip: MIAMI, FL 33158

Title: VCOB (X) Delete
Name: RUIZ, DAVID MR.
Address: 11036 SW 137 PLACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: LOWRY, PALLIE MRS.
Address: 13220 SW 83 AVE
City-St-Zip: PINECREST, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCOB (X) Change () Addition
Name: RUIZ, DAVID MR
Address: 11036 SW 137 PLACE
City-St-Zip: MIAMI, FL 33186

Title: T (X) Change () Addition
Name: LOWRY, PALLIE MRS.
Address: 13220 SW 83 AVE
City-St-Zip: PINECREST, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY DAVIES

S

02/27/2006

Electronic Signature of Signing Officer or Director

Date