## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 04, 2008 8:00 am Secretary of State

DOCUMENT # N30226  1. Entity Name FIRST CHOICE WOMEN'S CENTERS, INC.								08-04-2008	90034 (	019 ****6	1.25
Principal Place of Business 257 NORTH KROME AVE HOMESTEAD, FL 33030 US HOMESTEAD, FL 33030 US							60046270				
2. Principal Place of Business - No P.O. Box # 3. Ma				B. Mailing Address							
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			07232008	Chg-NP	CR2E	037 (12/06)	
City & State			City &	City & State			4. FEI Number 65-00983	88			pplied For ot Applicable
Zip	Zip Country		Zip	Zíp		untry	5. Certificate of	Status Desired		\$8.75 Ad	
	6. Name	and Address of Current	Registered A	gent		I	7. Name and Ad	Idress of New R	tegistered	l Agent	
DUNN, THOMAS G MR.						Name					
1593 FLAMINGO CT HOMESTEAD, FL 33035					Street Addres	ss (P.O. Box Number is	Not Acceptable	9)			
·,						City FL Zip Code				le	
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									and accept		
the obligat	tions of regist	tered agent.									
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title d applicable	e. (NOT	E: Registere	d Agent signature requ	quired when reinstating)		DATE		
	Filing Fe	or printed name of registered agent the is \$61.25 ptember 12, 2008		e. (NOT	mpaign F	inancing	squired when reinstating) \$5.00 May Be Added to Fees		lake che	ck payable t	
	Filing Fe	e is \$61.25		9. Election Car	mpaign F	inancing	\$5.00 May Be	Flor	lake che	ck payable tartment of S	tate
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12.- Hereby certify that the information supplied with the 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 five 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 receive 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 grings like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

7-30-2008

305 245-4673

☐ Change

■ Addition

Daytime Phone