2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44564

FILED Jan 20, 2009 Secretary of State

Entity Name: PARTNERS FOR BREAST CANCER CARE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ALTHPARK CIR ŒRS, FL 33908			
Current Mailing Address:		New Mailing Address:		
	ALTHPARK CIR ŒRS, FL 33908			
El Numbe	r: 65-0290568	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:
9470 HEA	., JANET LLTHPARK CIR RS, FL 33908	CLE US		
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	te of Florida. Î	submits this statement for the particular in the		ed office or registered agent, or both, Date
n the Stat SIGNATU	te of Florida. Î	ic Signature of Registered Ag	ent	
n the State SIGNATU DFFICER Title: lame: kddress:	te of Florida. IRE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete YLE TREET	ent	Date
n the State BIGNATU DFFICER itle: lame: laddress: city-St-Zip: lame: lame: laddress:	Electron S AND DIREC TD () SANDHAM, GAY 257 SE 46TH S CAPE CORAL,	ic Signature of Registered Agr TORS: Delete YLE TREET FL 33904 Delete TERRACE	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU	te of Florida. RE: Electron S AND DIREC TD () SANDHAM, GAN 257 SE 46TH S CAPE CORAL, SD () ADAMS, BARB 2608 SW 48TH CAPE CORAL,	ic Signature of Registered Ag TORS: Delete YLE TREET FL 33904 Delete TERRACE FL 33914 Delete OOD DR.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: JANET E. DARNELL D 01/20/2009