

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 22, 2010**  
**Secretary of State**

DOCUMENT# N44564

**Entity Name:** PARTNERS FOR BREAST CANCER CARE, INC.**Current Principal Place of Business:**9470 HEALTHPARK CIRCLE  
FORT MYERS, FL 33908**New Principal Place of Business:****Current Mailing Address:**9470 HEALTHPARK CIRCLE  
FORT MYERS, FL 33908**New Mailing Address:****FEI Number:** 65-0290568**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DARNELL, JANET  
9470 HEALTHPARK CIRCLE  
FT. MYERS, FL 33908 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: SANDHAM, GAYLE  
Address: 257 SE 46TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD  
Name: ADAMS, BARB  
Address: 2608 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD  
Name: VOGEL, JEAN  
Address: 2207 IVY AVENUE  
City-St-Zip: FORT MYERS, FL 33907

Title: D  
Name: DARNELL, JANET  
Address: 9470 HEALTHPARK CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: PED  
Name: VINCENT, FAYE  
Address: 15011 BRIDGEWAY LANE  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: JANET DARNELL

D

09/22/2010

Electronic Signature of Signing Officer or Director

Date