

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48847

FILED
Jan 13, 2009
Secretary of State

Entity Name: WOMEN'S CARE CENTER OF BARTOW, INC.

Current Principal Place of Business:

490 E BOULEVARD ST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1041
BARTOW, FL 338311041 US

New Mailing Address:

FEI Number: 65-0332777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, AUDREY
219 NW 1ST ST
FORT MEADE, FL 33841 US

Name and Address of New Registered Agent:

FRISBIE, MARY
1840 MARGARET AVE
BARTOW, FL 33830 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: MARY G. FRISBIE

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FRISBIE, MARY G
Address: 1840 MARGARET AVE
City-St-Zip: BARTOW, FL 33830

Title: PD () Delete
Name: DAVIS, AUDREY
Address: 219 NW 1ST ST
City-St-Zip: FORT MEADE, FL 33841

Title: VD () Delete
Name: DEDRICK, ELIZABETH
Address: 412 CYPRESS GARDENS BLVD,SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD () Delete
Name: JAMES, LINDA
Address: 1010 TRASK LN
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: DEDRICK, ELIZABETH
Address: 412 CYPRESS GARDENS BLVD SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD (X) Change () Addition
Name: OLINGER, LISA
Address: 865 S HELEN CIR
City-St-Zip: BARTOW, FL 33830

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

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: MARY G. FRISBIE

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date