

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48847

FILED
Feb 17, 2011
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:

RENEW, PAMELA S
4647 WESTON ROAD
BARTOW, FL 33830 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: RENEW, PAMELA S
Address: 4647 WESTON ROAD
City-St-Zip: BARTOW, FL 33830

Title: PD
Name: OLINGER, LISA
Address: 865 HELEN CIRCLE
City-St-Zip: BARTOW, FL 33830

Title: VD
Name: HUNT, KITTY
Address: 715 LYLE PARKWAY
City-St-Zip: BARTOW, FL 33830

Title: SD
Name: HINTON, LOREN
Address: 990 S DUDLEY AVENUE
City-St-Zip: BARTOW, FL 33830

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: PAMELA S RENEW

TD

02/17/2011

Electronic Signature of Signing Officer or Director

Date