2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # N9400002112 1. Entity Name WOMEN'S CARE CENTER OF NSB, INC.							05-08-2006	5 90295 014	****7	0.00
Principal Place of Business Mailing Address 600 N DIXIE PKWY NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL				. 32168 U	3		400877	163		
2 Principal P	lace of Rusingse	13.44	ailing Address							
2. Principal Place of Business			3. Mailing Address P.O. BOX 295			I LA BRAJAN DEAL +	IBEST BYSKY BSETT BSETT BSETT BS	IJII UKAH KAHIN HUKA AK		
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			04032006	Chg-NP	CR2E037 (1	1/05)	
City & Stat	е	1/6	City & State	BFACH	FL	4. FEI Number 59-3250				oplied For of Applicable
Zip	Countr	y 2	W 5 MY PNS 10 32170	Country	<u>, -</u> Δ	 	of Status Desired		75 Add	litional
	6. Name and Addre	ess of Current Register		10 LUS (.	/7	L <u> </u>	Address of New I	 	Required It	3
PARA KE	VIN	c		Name				<u> </u>		
PARA, KEVIN 600 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168					Street Address (P.O. Box Number is Not Acceptable)					
		<u>.</u> :		Cibi				· · · · · · · · · · · · · · · · · · ·	To Code	
				City				FL	Zip Code	
	named entity submits the			······································	····		i, in the State of H	/-25-		_
	signature, typed or printed name	e of registered agent and title if a	pplicable. (NOTE: I	Registered Agent sign	sature required	when reinstating)		DATE		
	Filing Fee is \$61 Due by May 1, 20	.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	, ,	Make check pay	-	
10.	Filing Fee is \$61 Due by May 1, 20	.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	, ,	rida Departmei	nt of St	ate
TITLE	Filing Fee is \$61 Due by May 1, 20 OFF	,25)06	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	rida Departmei	nt of St	ate
	Filing Fee is \$61 Due by May 1, 20	.25 106 ICERS AND DIRECTOR	9. Election Camp Trust Fund Co	paign Financing entribution.	CHA PAS	\$5.00 May Be Added to Fees ADDITIONS/CHA IRMAN TOR ADEU N. MYR:	NGES TO OFFICE VALE ADD THE AUE	ERS AND DIRECT EWUM DIVE	TORS IN	10
TITLE NAME	Filing Fee is \$61 Due by May 1, 20 OFF TD WLSON, J.B.	,25 j06 ICERS AND DIRECTOR	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME	CHA PAS 406 NEW	\$5.00 May Be Added to Fees ADDITIONS/CHA IRMAN TOR Adeu N. MYR: SMYRNA	NGES TO OFFICE VALE ADD THE AUE	ERS AND DIRECT EWUM DIVE	TORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61. Due by May 1, 20 OFF. TD WILSON, J.B. 1769 PIONEER TR. NEW SMYRNA BEA	,25 j06 ICERS AND DIRECTOR	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHA PAS 406 NEW 5EC	\$5.00 May Be Added to Fees ADDITIONS/CHA IRMAN TOR AGEU N. MYR: SMYRNA	NGES TO OFFICE WALE ADD THE AUE BARACH, F	ERS AND DIRECT COULD J OUE 1 3 2/66	TORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61. Due by May 1, 20 OFF. TD WILSON, J.B. 1769 PIONEER TR. NEW SMYRNA BE/ SD WOLFER, HANS	,25 306 ICERS AND DIRECTOR AIL ACH, FL 32168	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CHA PAS 406 NEW 5EC	\$5.00 May Be Added to Fees ADDITIONS/CHA IRMAN TOR AGEU N. MYR: SMYRNA	NGES TO OFFICE WALE ADD THE AUE BARACH, F	ERS AND DIRECT COULD J OUE 1 3 2/66	TORS IN Change	10 Addition
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12. I hereby certify that the information supplied with this 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 true 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 execute 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 other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 386-428-5736 Date Date Deptime Phone 8