

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2007
Secretary of State

DOCUMENT# N94000002112

Entity Name: WOMEN'S CARE CENTER OF NSB, INC.**Current Principal Place of Business:**600 N DIXIE PKWY
NEW SMYRNA BEACH, FL 32168 US**New Principal Place of Business:****Current Mailing Address:**POB 295
NEW SMYRNA BEACH, FL 32170 US**New Mailing Address:****FEI Number:** 59-3250189**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PARA, KEVIN
600 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US**Name and Address of New Registered Agent:**ADEWUMI, ADEWALE
600 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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: ADEWALE ADEWUMI

08/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** C () Delete
Name: ADEWUMI, ADEWALE PASTOR
Address: 406 N MYRTLE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168**Title:** S () Delete
Name: GUNTER, NANCY
Address: 2658 GLEN DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168**Title:** T () Delete
Name: ZEH, STEVE
Address: 142 SLASH PINE CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VC () Change (X) Addition
Name: SCHWEIZER, KEVIN
Address: 880 CATFISH AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169**Title:** M () Change (X) Addition
Name: USTICK, SCOTT
Address: 4180 SW 11TH STREET
City-St-Zip: PLANTATION, FL 33317**Title:** M () Change (X) Addition
Name: SAMANO, GREGORY P D.O.
Address: 2012 SPYGLASS LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ADEWALE ADEWUMI

C

08/02/2007

Electronic Signature of Signing Officer or Director

Date