

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000002112

FILED  
Oct 08, 2008  
Secretary of State

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 (X)

## Name and Address of Current Registered Agent:

ADEWUMI, ADEWALE  
600 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

SCHWEIZER, KEVIN  
880 CATFISH AVENUE  
NEW SMYRNA BEACH, FL 32169 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: KEVIN SCHWEIZER

10/08/2008

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: VC ( ) Delete  
Name: SCHWEIZER, KEVIN  
Address: 880 CATFISH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: M ( ) Delete  
Name: USTICK, SCOTT  
Address: 4180 SW 11TH STREET  
City-St-Zip: PLANTATION, FL 33317

Title: M (X) Delete  
Name: SAMANO, GREGORY P D.O.  
Address: 2012 SPYGLASS LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: SCHWEIZER, KEVIN  
Address: 880 CATFISH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S (X) Change ( ) Addition  
Name: OLNEY, TOM  
Address: 6539 SHAHAB LANE  
City-St-Zip: PORT ORANGE, FL 32128

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

Title: M (X) Change ( ) Addition  
Name: CAMPBELL, PHIL PHD  
Address: 2185 SW WAYNE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34984

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

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: KEVIN SCHWEIZER

C

10/08/2008

Electronic Signature of Signing Officer or Director

Date