

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000007815

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA WOMENS CENTER, INC.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD SOUTH BLDG #1200  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3599 UNIVERSITY BLVD SOUTH  
BLDG 1200  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3605145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAT KELLY  
3599 UNIVERSITY BLVD SOUTH BLDG #1200  
JACKSONVILLE, FL 32216 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: P  
Name: FLORIDA WOMENS CENTER, INC  
Address: 3599 UNIVERSITY BLVD S BLDG 1200  
City-St-Zip: JACKSONVILLE, FL 32216

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date