

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000097300 1. Entity Name WOMENCARE, P.A.	
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Principal Place of Business 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792	Mailing Address 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3673764	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARRY, BRENDA M 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X BARRY (NOTE: Registered Agent signature required when reinstating) DATE 1/5/6

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000379755 01/10/06-80037-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRY, BRENDA M MD 2802 ALOMA AVE. #100 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAYLE, VICKIE L 2802 ALOMA AVE #100 WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: V. Gayle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/5/6 DAYTIME PHONE # 407 681 3333