

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001488

FILED
Jul 23, 2008
Secretary of State

Entity Name: WOMEN'S CARE OF CLERMONT, P.A.

Current Principal Place of Business:

1725 EAST HWY 50
B
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1725 EAST HWY 50
B
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3689441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN-GLOVER, SHELLEY
6113 BLAKEFORD DRIVE
WINDERMERE, FL 34786 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLEMAN GLOVER, SHELLEY
Address: 1725 EAST HWY 50 STE B
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: SHELLEY COLEMAN GLOVER

DR

07/23/2008

Electronic Signature of Signing Officer or Director

Date