

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011335

Entity Name: WOMANCARE OF THE KEYS, INC.

FILED  
Jan 12, 2006  
Secretary of State

**Current Principal Place of Business:**

5450 MACDONALD AVE  
STE 4  
KEY WEST, FL 33040

**New Principal Place of Business:**

5450 MACDONALD AVE  
STE 4  
KEY WEST, FL 33040

**Current Mailing Address:**

**New Mailing Address:**

5450 MACDONALD AVE  
STE 4  
KEY WEST, FL 33040

FEI Number: 65-1071009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VALLE, KELLEY  
5450 MCDONALD AVE  
KEY WEST, FL 33040      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      PSTD      ( ) Delete  
Name:      VALLE, KELLEY MD  
Address:      5450 MACDONALD AVE., SUITE 4  
City-St-Zip:      KEY WEST, FL 33040

**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: KELLEY VALLE

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

Date