

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099445

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: VILLAGE WOMEN'S HEALTHCARE PA

## Current Principal Place of Business:

110 CENTURY BLVD  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

5405 OKEECHOBEE BLVD SUITE 304  
WEST PALM BEACH, FL 33417

## Current Mailing Address:

110 CENTURY BLVD  
WEST PALM BEACH, FL 33417

## New Mailing Address:

5405 OKEECHOBEE BLVD SUITE 304  
WEST PALM BEACH, FL 33417

FEI Number: 65-1151189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, AUBIN  
505 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 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: PD ( ) Delete  
Name: LARMANT, KATIA  
Address: 110 CENTURY BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33417

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LAREMONT, KATIA  
Address: 110 CENTURY BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATIA LAREMONT

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date