

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099445

FILED
Jul 13, 2007
Secretary of State

Entity Name: VILLAGE WOMEN'S HEALTHCARE PA

Current Principal Place of Business:

5405 OKEECHOBEE BLVD SUITE 304
WEST PALM BEACH, FL 33417

New Principal Place of Business:

2247 PALM BEACH LAKES BLVD.
SUITE 206
WEST PALM BEACH, FL 33409

Current Mailing Address:

5405 OKEECHOBEE BLVD
SUITE 304
WEST PALM BEACH, FL 33417

New Mailing Address:

2247 PALM BEACH LAKES BLVD.
SUITE 206
WEST PALM BEACH, FL 33409

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

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: MD () Delete
Name: LAREMONT, KATIA T
Address: 5405 OKEECHOBEE BLVD, SUITE 304
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: LAREMONT, KATIA T
Address: 2247 PALM BEACH LAKES BLVD., SUITE 206
City-St-Zip: WEST PALM BEACH, FL 33409

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: PRESIDENT/KATIA T. LAREMONT, MD

MD

07/13/2007

Electronic Signature of Signing Officer or Director

Date