

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126193

FILED
Feb 14, 2007
Secretary of State

Entity Name: WOMEN'S MEDICAL AND COSMETIC CENTER, INC.

Current Principal Place of Business:

1355 N COURTENAY PKWY - STE I
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

1355 N COURTENAY PKWY - STE I
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 04-3827114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELKABANI, SAMIR MD
1725 S TROPICAL TRAIL
MERRITT ISLAND, FL 329525206 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: P () Delete
Name: ELKABANI, SAMIR MD
Address: 1725 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 329525206

Title: ST () Delete
Name: ELKABANI, KATHLEEN
Address: 1725 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 329525206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMIR ELKABANI

PRES

02/14/2007

Electronic Signature of Signing Officer or Director

Date