

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145400

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: WOMEN'S CARE FIRST, P.A.

**Current Principal Place of Business:**

744 WEST PLYMOUTH AVENUE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

744 WEST PLYMOUTH AVENUE  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 20-3825960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOANN A EJIE ATTORNEY AT LAW  
104 LA COSTA LN  
120  
DAYTONA BEACH, FL 32114 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RASHADA, KIM B M.D.  
Address: 744 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: RASHADA, YUSUF A M.D.  
Address: 744 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720

Title: S  
Name: RASHADA, YUSUF A M.D.  
Address: 744 WEST PLYMOUTH AVE  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: RASHADA, KIM B M.D.  
Address: 744 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: JOANN EJIE

RA

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date