

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000074934

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** WESLEY CHAPEL WOMENS CARE, INC.

**Current Principal Place of Business:**

2734 WINDGUARD CIR  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

2734 WINDGUARD CIR  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 20-5130548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, NIRAJ V MD  
20321 MERRY OAK AVE  
TAMPA, FL 33647 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:** CEO  
**Name:** PATEL, NIRAJ V MD  
**Address:** 20321 MERRY OAK AVE  
**City-St-Zip:** TAMPA, FL 33647

**Title:** CFO  
**Name:** BHAGAT, PRITI  
**Address:** 2734 WINDGUARD CIR  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** PRITI BHAGAT

CFO

01/11/2010

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

\_\_\_\_\_  
Date