2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P06000117073

Entity Name: DAYTONA BEACH WOMEN'S CENTER, INC.

Current Principal Place of Business:

517 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

517 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-5618575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, SCOTT M
517 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

VAGOVIC, R JOHN
517 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

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: R JOHN VAGOVIC 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VAGOVIC, R JOHN MD
Address: 517 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete
Name: FOUST, PAULA MD
Address: 517 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TREA ( ) Delete
Name: VAGOVIC, KANDACE PA
Address: 517 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SEC (X) Delete
Name: BAKER, SCOTT R RN
Address: 517 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/S (X) Change ( ) Addition
Name: VAGOVIC, KANDACE PA
Address: 517 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

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

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: R. JOHN VAGOVIC P 04/29/2009
Electronic Signature of Signing Officer or Director Date