

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025584

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** WOMENS HEALTH CARE AT CENTER FOR BALANCE, INC.

**Current Principal Place of Business:**

1705 NW 6TH STREET  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

1705 NW 6TH STREET  
GAINESVILLE, FL 32609 US

**New Mailing Address:**

**FEI Number:** 26-2126494      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HILLEBRAND, LOUANN  
17926 SW 75TH AVENUE  
ARCHER, FL 32618 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:** JENKINS, CORA W  
**Address:** 5326 NW 2ND AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32607 US

**Title:** VP ( ) Delete  
**Name:** HILLEBRAND, LOUANN  
**Address:** 17926 SW 75TH AVENUE  
**City-St-Zip:** ARCHER, FL 32618 US

**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 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:** CORA W.JENKINS

P

04/30/2009

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

\_\_\_\_\_  
Date