

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025584

FILED
Apr 02, 2012
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 ()

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

OFFICERS AND DIRECTORS:

Title: P
Name: JENKINS, CORA W
Address: 5326 NW 2ND AVENUE
City-St-Zip: GAINESVILLE, FL 32607 US

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

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: CORA W. JENKINS

P

04/02/2012

Electronic Signature of Signing Officer or Director

Date