

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077071

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** VERSSA WOMEN'S CENTER, P.A.

**Current Principal Place of Business:**

36739 STATE ROAD 52, SUITE 101  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

36739 STATE ROAD 52, SUITE 101  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 26-3221209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOCAS, VERONICA  
36739 STATE ROAD 52, SUITE 101  
DADE CITY, FL 33525 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  
**Name:** SOCAS, VERONICA  
**Address:** 36739 STATE ROAD 52, SUITE 101  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** ST  
**Name:** SOCAS, ARMANDO  
**Address:** 36739 STATE ROAD 52, SUITE 101  
**City-St-Zip:** DADE CITY, FL 33525

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:** ARMANDO SOCAS

ST

02/18/2010

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

\_\_\_\_\_  
Date