

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104500

FILED
May 01, 2009
Secretary of State

Entity Name: WOMENS HEALTH CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

942 SAXON BLVD
SUITE A
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

942 SAXON BLVD
SUITE A
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 26-3094562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRIN, ANTHONY D.O.
942 SAXON BLVD
ORANGE CITY, FL 32763 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRIN, ANTHONY T D.O.
Address: 942 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTHONY PERRIN, D.O.

DR.

05/01/2009

Electronic Signature of Signing Officer or Director

Date