

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104500

FILED  
Feb 18, 2010  
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:**

430 WAYMONT COURT  
SUITE 100  
LAKE MARY, FL 32746

**Current Mailing Address:**

942 SAXON BLVD  
SUITE A  
ORANGE CITY, FL 32763

**New Mailing Address:**

P.O. BOX 952816  
LAKE MARY, FL 32795

**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.  
430 WAYMONT COURT  
SUITE 100  
LAKE MARY, FL 32746 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: PERRIN, ANTHONY T D.O.  
Address: 430 WAYMONT COURT  
City-St-Zip: LAKE MARY, FL 32746

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:** ANTHONY PERRIN, D.O.

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date