

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90155 011 ***150.00

DOCUMENT # P93000069080

1. Entity Name

ADVANCE WOMAN'S CARE CENTER, INC.



Principal Place of Business

2742 SW 8TH ST
SUITE 20
MIAMI FL 33135

Mailing Address

2742 SW 8TH ST
SUITE 20
MIAMI FL 33135

2. Principal Place of Business

2742 SW 8th

3. Mailing Address

2742 SW 8th

Suite, Apt. #, etc.

Suite 20

Suite, Apt. #, etc.

Suite 20

City & State

Miami FL

City & State

Miami FL

Zip

33135

Country

Zip

33135

Country

4. FEI Number

65-0438182

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOWDY, DAYANA
18794 NW 80 AVE.
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name Dayana Gowdy

Street Address (P.O. Box Number is Not Acceptable)

18794 NW 80 ave

City Miami FL

City

FL Zip Code
33135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/06
DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOWDY, DAYANA
STREET ADDRESS 18794 NW 80TH AVE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ Delete
NAME CEDENO, ERNESTORA
STREET ADDRESS 2961 NW 97TH ST
CITY-ST-ZIP MIAMI FL 33147

TITLE T ☐ Delete
NAME GOWDY, DAYANA
STREET ADDRESS 18794 NW 80 AVE
CITY-ST-ZIP MIAMI FL 33015

TITLE S ☐ Delete
NAME CEDENO, ERNESTORA
STREET ADDRESS 2961 NW 97TH ST
CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

(305) 649-4599
Daytime Phone #