2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P93000069080

1. Entity Name
ADVANCE WOMAN'S CARE CENTER, INC.

Principal Place of Business	Mailing Address
2742 SW 8TH ST SUITE 20 MIAMI, FL 33135	2742 SW 8TH ST SUITE 20 MIAMI, FL 33135

03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CEDENO, ARMEIRA
9674 NW 10TH AVENUE
LOTO C322
MIAMI, FL 33135

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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: Armeira Cedeno 04 08 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000897648
04/25/08-80053-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOWDY, DAYANA
STREET ADDRESS	18794 NW 80TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	CEDENO, ARMEIRA
STREET ADDRESS	9674 N.W. 10TH. AVE.
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	T
NAME	GOWDY, DAYANA
STREET ADDRESS	18794 NW 80 AVE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	S
NAME	CEDENO, ARMEIRA
STREET ADDRESS	9674 N.W. 10TH. AVE.
CITY-ST-ZIP	MIAMI, FL 33150P
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Armeira Cedeno 4-08-08 786 395 5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #