2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P93000069080

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

Current Principal Place of Business:

2742 SW 8TH ST
SUITE 20
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2742 SW 8TH ST
SUITE 20
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0438182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CEDENO, ARMEIRA
9674 NW 10TH AVENUE
LOTO C322
MIAMI, FL 33135 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: PD ( ) Delete
Name: GOWDY, DAYANA
Address: 18794 NW 80TH AVE
City-St-Zip: MIAMI, FL

Title: V ( ) Delete
Name: CEDENO, ARMEIRA
Address: 9674 N.W. 10TH. AVE.
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete
Name: GOWDY, DAYANA
Address: 18794 NW 80 AVE
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: CEDENO, ARMEIRA
Address: 9674 N.W. 10TH. AVE.
City-St-Zip: MIAMI, FL 33150P

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARMEIRA CEDENO VP 04/21/2009

Electronic Signature of Signing Officer or Director — Date