

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000056557**

1. Corporation Name

**WOMEN'S CARE PLUS, INC.**

Principal Place of Business

**1507 N. STATE ROAD 7**

**MARGATE FL 33063**

**US**

Mailing Address

**1507 N. STATE ROAD**

**MARGATE FL 33063**

**US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KRIEGER, BELLA**  
**300 S.E. 5TH AVENUE**  
**BOCA RATON FL 33432**

3. Date Incorporated or Qualified

**07/03/1996**

4. FEI Number

**65-0690193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KRIEGER, BELLA**  
STREET ADDRESS **300 S.E. 5TH AVENUE**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **PD** ☐ DELETE

NAME **DAVIS, KIMBERLY**  
STREET ADDRESS **300 S.E. 5TH AVENUE**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE  
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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/13/99**

Daytime Phone #

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90031 034 \*\*\*150.00

596897 - 90031 - 34



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)

596897-90031-34  
P 96000056557  
**Women's Care Plus, Inc.**  
Affordable Health Services For Women

Florida Dept. of State

In regards to our 1999 profit corporation annual report attached,  
Please be aware that we have not received initial notice to file  
prior to June 11<sup>th</sup>.

After speaking w/ an agency representative today, we  
were informed to just send the initial payment w/o  
the penalty -

Thank you  
Sincerely  
Therese Lewis

**Women's Care Plus, Inc.**  
1507 N. State Road 7, Suite 1  
Margate, Florida 33063