


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90002 043 ***550.00

DOCUMENT # P97000103657 1. Entity Name ALPHACENTER FOR WOMEN'S HEALTH, INC.					
Principal Place of Business 720 W OAK STREET SUITE 302 KISSIMMEE, FL 34741			Mailing Address 720 W OAK STREET SUITE 302 KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3490822	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NICDAO, CARMELITA O M.D. 2850 GRANADA BLVD KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICDAO, CARMELITA O 720 W OAK STREET, SUITE 302 KISSIMMEE, FL 34741		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CARMELITA O. NICDAO			MAY 25, 2006 (407) 931-3003 <small>Date Daytime Phone #</small>		

40096458
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P97000103657

Business Entity Name

ALPHACENTER FOR WOMEN'S HEALTH, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593490822

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

720 W OAK STREET

Suite, Apt. #, etc.

SUITE 302

City, State

KISSIMMEE

, FL

Zip Code & Country

34741

Mailing Address

Address

720 W OAK STREET

Suite, Apt. #, etc.

SUITE 302

City, State

KISSIMMEE

, FL

Zip Code & Country

34741

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

NICDAO

, CARMELITA

, O

, M.D.

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

2850 GRANADA BLVD

Suite, Apt. #, etc.

City, State

KISSIMMEE

, FL

Zip Code & Country

34746

US

40096458

#P97000103657

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

D

Name (Last, First, Middle, Title)

NICDAO

CARMELITA

O

- OR -Entity Name to serve as
Officer/Director

Street Address

720 W OAK STREET, SUITE 302

City, State

KISSIMMEE

FL

Zip Code & Country

34741

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

40096458
#097000103657

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PRESIDENT



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that