2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

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Entity Name: ALPHACENTER FOR WOMEN'S HEALTH, INC.

Current Principal Place of Business:

928 SAN RAPHAEL ST
KISSIMMEE, FL 34759 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 422349
KISSIMMEE, FL 34742 US

New Mailing Address:

928 SAN RAPHAEL ST
KISSIMMEE, FL 34759 US

FEI Number: 59-3490822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICDAO, CARMELITA O M.D.
928 SAN RAPHAEL ST.
KISSIMMEE, FL 34759 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: NICDAO, CARMELITA O MD
Address: 928 SAN RAPHAEL ST
City-St-Zip: KISSIMMEE, FL 34759 US

I hereby 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 all other like empowered.

SIGNATURE: CARMELITA O. NICDAO MD 01/25/2011

Electronic Signature of Signing Officer or Director Date