

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000035818

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** A1 WOMAN'S HEALTH CARE, INC.

**Current Principal Place of Business:**

2036 S.W. 1ST ST.  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2036 S.W. 1ST ST.  
MIAMI, FL 33135

**New Mailing Address:**

881 OCEAN DRIVE  
KEY BISCAYNE, FL 33149

**FEI Number:** 65-0829301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAZRAVAN, JAZMIN SABA RN  
2036 S.W. 1ST ST.  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

KAZRAVAN, JAZMIN SABA RN  
2036 SW 1ST ST  
MIAMI, FL 33135 US

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: JAZMIN KAZRAVAN

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KAZRAVAN, JAZMIN SABA RN  
Address: 2036 S.W. 1ST ST.  
City-St-Zip: MIAMI, FL 33135

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: JAZMIN KAZRAVAN

PD

03/28/2012

Electronic Signature of Signing Officer or Director

Date