


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 014 ***550.00

DOCUMENT # P99000027132 1. Entity Name WOMEN'S BREAST CARE CENTER, INC.					
Principal Place of Business 1630 S CONGRESS AVENUE SUITE 200 PALM SPRINGS, FL 33461			Mailing Address 1630 S CONGRESS AVENUE SUITE 200 PALM SPRINGS, FL 33461		
2. Principal Place of Business 1395 STATE RD 7 Suite, Apt. #, etc. # 340			3. Mailing Address 1395 STATE RD 7 Suite, Apt. #, etc. # 340		
City & State Wellington, FL Zip 33414			City & State Wellington, FL Zip 33414		
Country USA			Country USA		
4. FEI Number 65-0909841			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LACLAUSTRA, YVETTE MD 1630 S CONGRESS AVENUE PALM SPRINGS, FL 33461			7. Name and Address of New Registered Agent Name LacLaustra, Yvette MD Street Address (P.O. Box Number is Not Acceptable) 1395 STATE RD 7 # 340 City Wellington FL Zip Code 33414		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	P LACLAUSTRA, YVETTE MD 1630 S CONGRESS AVENUE PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACLAUSTRA, Yvette MD 1395 STATE Rd 7 # 340 Wellington, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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: <i>[Signature]</i> Yvette Laclaustra MD			Date 7/26/04 Daytime Phone # 561 965-1100		

Change of address