

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000027132

1. Entity Name  
WOMEN'S BREAST CARE CENTER, INC.



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

08-06-2004 90002 014 \*\*\*550.00

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

3. Mailing Address

1395 STATE RD 7

Suite, Apt. #, etc.  
# 340

Suite, Apt. #, etc.

# 340

07272004 Chg-P CR2E034 (10/03)

City & State  
Wellington, FL

City & State

Wellington, FL

Zip

Zip

33414

Country

USA

4. FEI Number

65-0909841

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LACLAUSTRA, YVETTE MD  
1630 S CONGRESS AVENUE  
PALM SPRINGS, FL 33461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P  Delete  
NAME LACLAUSTRA, YVETTE MD  
STREET ADDRESS 1630 S CONGRESS AVENUE  
CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE P  Change  Addition  
NAME LACLAUSTRA, Yvette MD  
STREET ADDRESS 1395 STATE RD 7 # 340  
CITY-ST-ZIP Wellington, FL 33414

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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: *Yvette Laclaustra MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04 561  
965-1100  
Daytime Phone #