

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027132

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

1395 STATE RD 7
#340
WELLINGTON, FL 33414

New Principal Place of Business:

3319 S. STATE RD 7
#105
WELLINGTON, FL 33449

Current Mailing Address:

1395 STATE RD 7
#340
WELLINGTON, FL 33414

New Mailing Address:

3319 S. STATE RD 7
#105
WELLINGTON, FL 33449

FEI Number: 65-0909841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACLAUSTRA, YVETTE MD
1395 STATE RD 7
#340
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LACLAUSTRA, YVETTE MD
3319 S. STATE RD 7
#105
WELLINGTON, FL 33449 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: MANUEL VINAS

02/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LACLAUSTRA, YVETTE MD
Address: 3319 S. STATE RD 7 #340
City-St-Zip: WELLINGTON, FL 33449

Title: ADM
Name: VINAS, MANUEL A
Address: 3319 S. STATE ROAD 7 #105
City-St-Zip: WELLINGTON, FL 33449

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: MANUEL VINAS

ADM

02/16/2011

Electronic Signature of Signing Officer or Director

Date