

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000062419

1. Entity Name
WOMEN'S MEDICINE, INC.



Principal Place of Business
**1891 BEACH BLVD
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1891 BEACH BLVD
JACKSONVILLE BEACH, FL 32250**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3588446

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEEKIN, T. GEOFFREY ESQ.
ONE INDEPENDENT DR., STE. 2200
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RANDOLPH, DANIKA**
STREET ADDRESS **1891 BEACH BLVD., SUITE 100**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **VPT**
NAME **RANDOLPH, CLEVELAND W JR.**
STREET ADDRESS **1891 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

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03/08/06-80066-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

216-06 904-355-7000