2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100782

Entity Name: WOMAN CARE OF ORLANDO, INC.

FILED May 04, 2007 Secretary of State

•		-· ·· · · · - · · · · - · , · · · ·			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ICHIGAN ST D, FL 32812				
Current N	lailing Addres	s:	New Mailing Address	s:	
	ICHIGAN ST. D, FL 32812				
FEI Number	: 59-3612074	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
ORLANDO	ÍCHIGAN ST. D, FL 32812	US ubmits this statement for the r	ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.		an peece of enamying ne regions	a cines of regions agent, or bean,	
SIGNATUI	Electron	ic Signature of Registered Age		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().	•	FO TO OFFICERS AND DIRECTORS.	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SOBIESKI, TAM 4574 E. MICHIG ORLANDO, FL	AN ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SOBIESKI, EVE 4574 E. MICHIG ORLANDO, FL	AN ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE:	EVERETT SOBIESKI	VPD	05/04/2007
------------	------------------	-----	------------