

P99000100782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

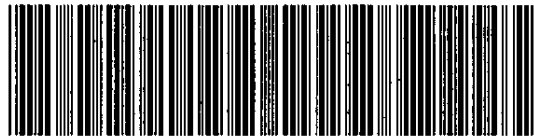
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 16 AM 9:56

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R.A.

TB

NOV 20 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WomanCare of Orlando, Inc.
Name of Corporation

DOCUMENT NUMBER: P99000100782

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy Sobieski
Name of Contact Person

WomanCare of Orlando, Inc.
Firm/Company

10244 E. Colonial Drive Ste 102
Address

Orlando, FL 32817
City/State and Zip Code

esobieski@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Sobieski at (407) 243.6915
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Woman Care of Orlando, Inc.

2. The principal office address: 10244 E. Colonial Drive Ste 102
Orlando, FL 32817

3. The mailing address (if different): same

4. Date of incorporation/qualification: 11/15/1999 Document number: P99000100782

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Tammy Sobieski
4574 E. Michigan St.
Orlando, FL 32812

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tammy Sobieski
10244 E. Colonial Drive Ste 102
P.O. Box NOT acceptable
Orlando, FL 32817

*change all
addresses to
this one.*

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

+Sobieski

Signature of an officer or director

Tammy Sobieski Pres.

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

+Sobieski

Signature of Registered Agent

10NOV09

Date

If signing on behalf of an entity:

Typed or Printed Name

407.701.7110
w/questions

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)