

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000100887

FILED
Oct 15, 2008
Secretary of State

Entity Name: WOMANCARE OF DAYTONA BEACH, INC.

Current Principal Place of Business:

1225 EIGHTH STREET
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

4574 E. MICHIGAN ST
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3618075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBIESKI, TAMMY
4574 E. MICHIGAN ST
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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: TAMMY SOBIESKI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOBLESKI, TAMMY
Address: 4574 E. MICHIGAN ST
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: SOBIESKI, EVERETT
Address: 4574 E. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

VP

10/15/2008

Electronic Signature of Signing Officer or Director

Date