P9900100387

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/Otate/Zip/i Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Linity Name)				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA 09 NOV 30 PH 1: 17

APPROVIL



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: WomanCare of Daytona Beach, Inc.					
SUBJECT.	Name of Corporation				
DOCUMENT NUMBER	DCUMENT NUMBER: P99000100887				
The enclosed Statement of	of Change of Registered Offic	e/Agent and fee are submitted t	for filing.		
Please return all correspo	ndence concerning this matter	r to the following:			
Tammy Sobieski Pres,					
Name of Contact Person					
WomanCare of Daytona Beach, Inc.					
Firm/Company					
1360 Mason Ave Suite A					
	Address				
Daytona Beach, FL 32117					
City/State and Zip Code					
esobieski@bellsouth.net E-mail address: (to be used for future annual report notification)					
L-ma	ir address. (to be used for i	uture aimuar report notificati	ion)		
For further information co	oncerning this matter, please o	call:			
	ett Sobieski	at (407) Area Code & Daytime T	7017110		
Name of 0	Contact Person	Area Code & Daytime T	elephone Number		
Enclosed is a \$35.00 chec	ck made payable to the Depart	tment of State.			
<u> </u>	Mailing Address: Amendment Section	Street Address: Amendment Section	n		
I	Division of Corporations	Division of Corpor			
	P.O. Box 6327 Fallahassee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle		

Tallahassee, FL 32301

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

statement of char	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State o	of Florida
1. The name of t	he corporation: WomanCare of Da	aytona Beach, Inc.	
2. The principal	office address: 1360 Mason Ave Suit	te A	
Daytona B	each, FL 32117	<u> </u>	·
	ddress (if different): 1360 Mason Ave Beach, FL 32117	Suite A	
4. Date of incorp	poration/qualification:11/15/1999	Document number:	P99000100887
	street address of the current registered age tment of State: (If resigned, enter resigned	<u> </u>	with the
	Tammy Sobieski Pres,		
	1225 8th St		
·	Daytona Beach, FL 32117		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered	OS NOV 30 PM 1: 17 SECRETARY OF STATE FALLAHASSEE, FLORID
	Tammy Sobieski Pres,		SEE
	1360 Mason Ave Suite A		TEST TI
	P.O. Box NOT Daytona Beach, FL` 32117	acceptable	
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by ified in writing of the change.	an officer so
Tammy Sobieski Pres, Signature of an officer or director Printed or typed name and title		and title	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and gation of my position as regisi registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
450E	nature of Registered Agent	25NOVO)9
	half of an entity:	57	
T	yped or Printed Name		

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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