

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23193

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: A WOMAN'S CHOICE, INC., A MEDICAL PROGRAM FOR WOMEN

**Current Principal Place of Business:**

1234 E LIME ST  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

1234 E LIME ST  
LAKELAND, FL 33801 US

**New Mailing Address:**

FEI Number: 59-2853796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRKLAND, JOHN E  
1405 BARTOW ROAD  
LAKELAND, FL 33802 US

**Name and Address of New Registered Agent:**

YURCHAK, KRISTA  
1616 SIMS PLACE  
LAKELAND, FL 33803 US

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: KRISTA YURCHAK      03/25/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMAS, JERI  
Address: 2102 HOOF PRINT LANE  
City-St-Zip: LAKELAND, FL 33811

Title: PD ( ) Delete  
Name: ORTIZ, JOSE  
Address: 1611 STEPHANIE LANE  
City-St-Zip: LAKELAND, FL 33813

Title: STD ( ) Delete  
Name: HARRELL, LES  
Address: 1812 COMANCHE TRL  
City-St-Zip: LAKELAND, FL 33803

Title: ED ( ) Delete  
Name: YURCHAK, KRISTA  
Address: 1616 SIMS PLACE  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: EDWARDS, JIMMY R  
Address: 6770 LAKE CLARK DR  
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete  
Name: ROBERTS, WILLIAM  
Address: 5789 LK VICTORIA DR  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: THOMAS, JERI  
Address: 2102 HOOF PRINT LANE  
City-St-Zip: LAKELAND, FL 33811

Title: PD (X) Change ( ) Addition  
Name: PALMER, KATHI  
Address: 9504 MAIDENCANE CT  
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Change ( ) Addition  
Name: HARRELL, LES  
Address: 1812 COMANCHE TRL  
City-St-Zip: LAKELAND, FL 33803

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTA YURCHAK      ED      03/25/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date