

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23193

FILED  
Apr 30, 2012  
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:**

KLEIN, REBECCA  
716 LAKE ELOISE PLACE  
WINTER HAVEN, FL 33884 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BELLAMY, JAN  
Address: 6815 NUNN ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: P  
Name: THOMAS, JERI  
Address: 2102 HOOF PRINT LANE  
City-St-Zip: LAKELAND, FL 33811

Title: D  
Name: KLEIN, REBECCA  
Address: 716 LAKE ELOISE PLACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T  
Name: HENDRY, BYRON  
Address: 4068 CARTERET DR.  
City-St-Zip: LAKE WALES, FL 33844

Title: VP  
Name: NESLUND, CALLIE  
Address: 2322 W END AVE  
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: REBECCA KLEIN

MRS

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date