

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004764

Entity Name: LIFECHOICES WOMEN'S CARE, INC.**Current Principal Place of Business:**1527 DALE MABRY HIGHWAY, SUITE 101
LUTZ, FL 33548**Current Mailing Address:**1527 DALE MABRY HIGHWAY, SUITE 101
LUTZ, FL 33548**FEI Number:** 27-0147122**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STOOKS, ANA MS
1527 DALE MABRY HIGHWAY
101
LUTZ, FL 33558 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:** ANA STOOKS

04/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HAMMOND, STROTHER MR.
Address 19038 NARIMORE DRIVE
City-State-Zip: LAND O' LAKES FL 34638

Title TREASURER
Name CASTRIGNO, JOSEPH SR.
Address 1446 KENSINGTON WOODS DRIVE
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name STOOKS, ANA
Address 17036 WINNERS CIRCLE
City-State-Zip: ODESSA FL 33556

Title OFFICER
Name KANTOR, HILARY MRS
Address 22617 EAGLES WATCH DRIVE
City-State-Zip: LAND O' LAKES FL 34639

Title OFFICER
Name POFF, PATRICK ESQ.
Address 18108 PECAN GROVE PLACE
City-State-Zip: LUTZ FL 33548

Title OFFICER
Name BEACH, THOMAS MR
Address 25305 TRADE WINDS DR
City-State-Zip: LAND O LAKES FL 34639

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: ANA STOOKS**DIRECTOR**

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date