

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004764

**Entity Name:** LIFECHOICES WOMEN'S CARE, INCORPORATED

**Current Principal Place of Business:**

18560 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**Current Mailing Address:**

18560 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 US

**FEI Number:** 27-0147122

**Certificate of Status Desired:** No

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

STOOKS, ANA MS  
18560 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 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

01/20/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STOOKS, ANA  
Address 16424 LAKE CHURCH DRIVE  
City-State-Zip: ODESSA FL 33556

Title TREASURER  
Name MARKFORD, CHRISTOPHER  
Address 1214 SIERRA PINES BLVD  
City-State-Zip: LUTZ FL 33558

Title CHAIRMAN  
Name HEILIG, MARQUIS W. ESQ.  
Address 3914 W. MULLEN AVENUE  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name ACEVEDO, VANESSA  
Address 18560 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

*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:** VANESSA ACEVEDO

CLINIC DIRECTOR

01/20/2025

Electronic Signature of Signing Officer/Director Detail

Date