

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23193

FILED
Jan 17, 2018
Secretary of State
CC6183189480

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

Current Principal Place of Business:

1234 E LIME ST
LAKELAND, FL 33801

Current Mailing Address:

1234 E LIME ST
LAKELAND, FL 33801 US

FEI Number: 59-2853796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name THOMAS, JERI
Address 2102 HOOFF PRINT LN
City-State-Zip: LAKELAND FL 33811

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

Title BOARD MEMBER
Name PALMER, KATHI
Address 3835 SAWGRASS CT
City-State-Zip: LAKELAND FL 33810

Title BOARD MEMBER
Name MOSS, CANDACE
Address 4019 JENNY DRIVE
City-State-Zip: LAKELAND FL 33813

Title SECRETARY/TREASURER
Name FEAR, CHRIS
Address 1211 ROLLING WOODS LANE
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name CHAPPELL, KIMBERLY
Address 410 ENCLAVE PLACE
City-State-Zip: LAKELAND FL 33803

Title BOARD MEMBER
Name STARLING, DARLENE
Address 319 JOSH REYNOLDS ROAD
City-State-Zip: LAKELAND FL 33801

Title BOARD MEMBER
Name FREED, CLARKE
Address 5017 FAIRFAX E
City-State-Zip: LAKELAND FL 33813

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

EXECUTIVE DIRECTOR

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date