

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078227

**Entity Name:** WATERFORD LAKES WOMEN'S HEALTH CENTER, INC.

**Current Principal Place of Business:**

11399 LAKE UNDERHILL RD  
SUITE A  
ORLANDO, FL 32825

**Current Mailing Address:**

11399 LAKE UNDERHILL RD  
SUITE A  
ORLANDO, FL 32825

**FEI Number: 59-3734408**

**Certificate of Status Desired: No**

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

LOPEZ, FERNANDO  
1445 BROOKS LANE  
OVIEDO, FL 32765 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 DR  
Name LOPEZ, FERNANDO  
Address 1445 BROOKS LANE  
City-State-Zip: OVIEDO FL 32765

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

**SIGNATURE: FERNANDO LOPEZ** \_\_\_\_\_

**PRESIDENTE**

**04/09/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date