

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000061704

**Entity Name:** WOMANCARE CENTERS, INC.

**Current Principal Place of Business:**

10244 E. COLONIAL DRIVE  
SUITE 102  
ORLANDO, FL 32817

**Current Mailing Address:**

10244 E. COLONIAL DRIVE  
SUITE 102  
ORLANDO, FL 32817

**FEI Number:** 27-3215144

**Certificate of Status Desired:** No

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

SOBIESKI, TAMMY  
10244 E. COLONIAL DRIVE  
SUITE 102  
ORLANDO, FL 32738 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 CEO  
Name SOBIESKI, TAMMY  
Address 10244 E. COLONIAL DRIVE STE 102  
City-State-Zip: ORLANDO FL 32817

*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:** TAMMY SOBIESKI

CEO

03/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date