

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004168

Entity Name: OCALA WOMEN'S CENTER, LLC

Current Principal Place of Business:

D/B/A COPE CLINIC
609 VIRGINIA DRIVE
ORLANDO, FL 32803

Current Mailing Address:

609 VIRGINIA DRIVE
ORLANDO, FL 32803

FEI Number: 59-3467466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM PJR.
1150 LOUISIANA AVENUE, SUITE 4
WINTER PARK, FL 32789 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

Authorized Person(s) Detail :

Title MGRM
Name PENDERGRAFT, JAMES S IV
Address 609 VIRGINIA AVENUE
City-State-Zip: ORLANDO FL 32803

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES S PENDERGRAFT, IV _____

MGRM

04/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date