



# BUSINESS CORPORATION ANNUAL REPORT

NAME OF BUSINESS CORPORATION: A Woman's Choice of Greensboro, Inc.

SECRETARY OF STATE ID NUMBER: 1426988 STATE OF FORMATION: NC

REPORT FOR THE FISCAL YEAR END: 12/31/2016

Filing Office Use Only  
E-Filed Annual Report  
1426988  
CA201700600062  
1/6/2017 09:26  
 Changes

## SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Brockdorf, Soren

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_  
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY  
2425 Randleman Road  
Greensboro, NC 27406-4309 Guilford County

4. REGISTERED OFFICE MAILING ADDRESS  
3305 Drake Circle  
Raleigh, NC 27607-3332

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Medical

2. PRINCIPAL OFFICE PHONE NUMBER: (336) 273-9485

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY  
2425 Randleman Road  
Greensboro, NC 27406-4309

5. PRINCIPAL OFFICE MAILING ADDRESS  
4131 University Blvd. S #2  
Jacksonville, FL 32216-4346

## SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: <u>Kelly Martin</u>	NAME: _____	NAME: _____
TITLE: <u>President</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>4131 University Blvd S #2</u>	_____	_____
<u>Jacksonville, FL 32216</u>	_____	_____

## SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Kelly Martin 1/6/2017  
SIGNATURE DATE

Form must be signed by an officer listed under Section C of this form.

Kelly Martin President  
Print or Type Name of Officer Print or Type Title of Officer

This Annual Report has been filed electronically.