

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G10000067575

Fictitious Name to be Registered: A WOMAN'S CHOICE OF JACKSONVILLE

Mailing Address of Business: 4131 UNIVERSITY BLVD S BLDG. #2
JACKSONVILLE, FL 32216

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 04-3590126

FILED
Jul 21, 2010
Secretary of State

Owner(s) of Fictitious Name:

A JACKSONVILLE WOMEN'S HEALTH CENTER
4131 UNIVERSITY BLVD S BLDG. #2
JACKSONVILLE, FL 32216
Florida Document Number: P02000007666
FEI Number: 04-3590126

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath.

KELLY MARTIN

07/21/2010

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested (X)