

## **BUSINESS CORPORATION ANNUAL REPORT**

NAME OF BUSINESS CORPORATION:

## A Woman's Choice of Raleigh, Inc.

SECRETARY OF STATE ID NUMBER: 099459	93 STAT	TE OF FORMATION: N(	)	Filing Office Use Only	
REPORT FOR THE FISCAL YEAR END: 12/31/2018				E - Filed Annual Report 0994593 CA201900401524 1/4/2019 11:33	
SECTION A: REGISTERED AGENT'S INFORMATION				Changes	
1. NAME OF REGISTERED AGENT: Jason Lafser					
2. SIGNATURE OF THE NEW REGISTERED AGENT:  SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT					
3. REGISTERED OFFICE STREET ADDRESS & COUNTY  4. REGISTERED OFFICE MAILING ADDRESS					
3305 Drake Circle	3305 Drake Circle				
Raleigh, NC 27607` W		Raleigh, NC 27607			
raisign, 110 27 007 Walto County					
SECTION B: PRINCIPAL OFFICE INFORMATI	<u>ON</u>				
1. DESCRIPTION OF NATURE OF BUSINESS: Abortion Clinic					
2. PRINCIPAL OFFICE PHONE NUMBER	3. PRINCIPAL OFF	3. PRINCIPAL OFFICE EMAIL: Privacy Redaction			
4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY		5. PRINCIPAL OFFI	5. PRINCIPAL OFFICE MAILING ADDRESS		
3305 Drake Circle		3305 Drake Circ	3305 Drake Circle		
raleigh, NC 27607-3332		raleigh, NC 2760	raleigh, NC 27607-3332		
6. Select one of the following if application of the company is a veteran-one of the following if application of the company is a service-distribution of the following if application of the following is a veteran-order of the following if application of the following is a veteran-order of the followin	wned small business				
SECTION C: OFFICERS (Enter additional office	rs in Section E.)				
NAME: Kelly Martin	NAME: Crystal V Mosley		NAME:		
TITLE: President	TITLE: Vice President		TITLE:		
ADDRESS:	ADDRESS:		ADDRESS:		
3305 Drake Circle 4131 University Blv		Blvd S Bldg 2			
Raleigh, NC 27607 Jacksonville, FL 32		32216			
SECTION D: CERTIFICATION OF ANNUAL	REPORT. Section D m	nust be completed in its	entirety by a perso	n/business	
Kelly Martin		1/4/2019			
SIGNATURE Form must be signed by an officer listed under Section (	C of this form.		DATE		
Kelly Martin		President			
Print or Type Name of Office	or		Drint or Type Title of	Officer	