



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: A PREFERRED WOMEN'S HEALTH CENTER, L.L.C.

SECRETARY OF STATE ID NUMBER: 0434234 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2024

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E - Filed Annual Report
0434234
CA202404900279
2/18/2024 11:00
<input type="checkbox"/> Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: TURNER, LOIS

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY	4. REGISTERED AGENT OFFICE MAILING ADDRESS
<u>3228 Latrobe Drive</u>	<u>PO Box 39480</u>
<u>Charlotte, NC 28211-4845 Mecklenburg County</u>	<u>Charlotte, NC 28278</u>

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: 300116803

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 280-2280 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>3228 Latrobe Drive</u>	<u>PO Box 38470</u>
<u>Charlotte, NC 28211-4845</u>	<u>Charlotte, NC 28278</u>

6. Select one of the following if applicable. (Optional see instructions)
- The company is a veteran-owned small business
- The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: <u>Stuart Schnider</u>	NAME: <u>LOIS TURNER</u>	NAME: <u>Calla Hales</u>
TITLE: <u>Manager</u>	TITLE: <u>Manager</u>	TITLE: <u>Member</u>
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>PO Box 38470</u>	<u>PO Box 38470</u>	<u>PO Box 38470</u>
<u>Charlotte, NC 28278</u>	<u>Charlotte, NC 28278</u>	<u>Charlotte, NC 28278</u>

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

<u>LOIS TURNER</u>	<u>2/18/2024</u>
SIGNATURE	DATE

Form must be signed by a Company Official listed under Section C of This form.

<u>LOIS TURNER</u>	<u>Manager</u>
Print or Type Name of Company Official	Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525