

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90449 040 ****61.25

DOCUMENT # N99000004654

1. Entity Name
FOUNDATION FOR WOMEN'S HEALTH, INC.

Principal Place of Business COLLIER GOVT. CENTER. BLDG. H 3301 E. TAMiami TRAIL NAPLES FL 34112	Mailing Address COLLIER GOVT. CENTER. BLDG. H 3301 E. TAMiami TRAIL NAPLES FL 34112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3592432		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TRAVIS, TED 775 1ST AVE. N. NAPLES FL 34102				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSER, DAVID P M.D.		NAME		
STREET ADDRESS	775 1ST AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKETT, THOMAS A M.D.		NAME		
STREET ADDRESS	11181 HEALTH PARK BLVD., STE. 1170		STREET ADDRESS		
CITY-ST-ZIP	NAPLES-FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUTA, JOSEPH M.D.		NAME		
STREET ADDRESS	860 111 AVE. NORTH, #5		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREVENGOOD, CHRIS M.D.		NAME		
STREET ADDRESS	803 VANDERBILT BEACH RD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **6/14/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)