

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004049

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC7968291213**

**Entity Name:** INSTITUTE OF WOMEN'S HEALTH OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

609 VIRGINIA DRIVE  
ORLANDO, FL 32803

**Current Mailing Address:**

609 VIRGINIA DRIVE  
ORLANDO, FL 32803

**FEI Number: 58-3460858**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMALLEY & COMPANY, PL  
1517 EAST HILLCREST ST  
ORLANDO, FL 32803 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name PENDERGRAFT IV, JAMES SMD  
Address 609 VIRGINIA DRIVE  
City-State-Zip: ORLANDO FL 32803

Title D  
Name SMALLEY, WAYNE  
Address 1517 EAST HILLCREST STREET  
City-State-Zip: ORLANDO FL 32803

Title D  
Name WEATHERFORD, WILLIAM ESQ  
Address 1150 LOUISIANA AVE, SUITE 4  
City-State-Zip: WINTER PARK FL 32790

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES S PENDERGRAFT IV**

**PD**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date