

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000039298

**Entity Name:** WOMEN'S MIDLIFE SPECIALIST, INC.

**Current Principal Place of Business:**

801 EDGEMERE LN  
SARASOTA, FL 34242

**Current Mailing Address:**

795 LILY BAY RD # 803  
BEAVER COVE, ME 04441 US

**FEI Number:** 90-0836334

**Certificate of Status Desired:** No

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

LEGGETT, DAVID  
801 EDGEMERE LN  
SARASOTA, FL 34242 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 P  
Name LEGGETT, KAREN F  
Address 795 LILY BAY RD # 803  
City-State-Zip: BEAVER COVE ME 04441

Title T/S  
Name LEGGETT, DAVID A  
Address 795 LILY BAY RD # 803  
City-State-Zip: BEAVER COVE ME 04441

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID LEGGETT

**TREASURER /  
SECRETARY**

**04/21/2014**

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

\_\_\_\_\_  
Date