


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90043 010 \*\*\*150.00

<b>DOCUMENT # 483419</b> 1. Entity Name <b>TAMPA WOMAN'S HEALTH CENTER, INC.</b>			
Principal Place of Business <b>2010 FLETCHER AVENUE TAMPA, FL 33612</b>		Mailing Address <b>C/O YOST CO. 1799 N BELCHER RD STE A CLEARWATER, FL 33765</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>Jodelle Nauert 3401 66th Street N St. Pete FL 33710 Pinellas</b>	
City & State <b>St. Pete FL</b>		4. FEI Number <b>59-1621676</b>	
Zip <b>33710</b>		Country <b>Pinellas</b>	
6. Name and Address of Current Registered Agent <b>NAUERT, JODELL 3401 66TH ST N SAINT PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>NAUERT, JODELL</b> STREET ADDRESS <b>3401 66TH ST N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>NAUERT, JODELL</b> STREET ADDRESS <b>3401 66TH ST N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.			
<b>SIGNATURE:</b> <i>Jodelle Nauert</i> <b>Jodelle Nauert</b>		<b>1-21-08 (727) 381-1620</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	