

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 483419

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** TAMPA WOMAN'S HEALTH CENTER, INC.

**Current Principal Place of Business:**

1560 SOUTH HIGHLAND AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1560 SOUTH HIGHLAND AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-1621676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAUERT, JODELL  
1560 SOUTH HIGHLAND AVENUE  
CLEARWATER, FL 33756 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NAUERT, JODELL  
Address: 1560 SOUTH HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VSTD  
Name: NAUERT, JODELL  
Address: 1560 SOUTH HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33756

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: JODELL NAUERT

MRS

02/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date