2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 597644

FILED Feb 15, 2008 8:00 am Secretary of State

Place of Educations	1. Entity Name VENICE WOMEN'S HEALTH CENTER, INC.							1	2008 90008		
Suite, Apt. #, etc. Suite, Apt. #, etc. O1282088 Chg.P CR2E034 (12/05)	21178 OLEA	N BLVD, C		21178 OLEAN BLVD, O		US				B41 P4B11 B4B11 B4B	((00) (1) (00)
City & State	Principal Place of Business - No P.O. Box #					•					
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S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Street Address of New Registered Agent Street Address (P.O. Box Number is Not Accoptable)	City & State	e	-	City & State				ļ			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Country						
AZIMA ALI A M.D. 21178 OLEAN BLVD, #C PORT CHARLOTTE, FL 33952 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Interview and a complete agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of FLORIDA acceptable, and accept the obligations of FLORIDA acceptable. SIGNATURE FILE NOWITI FEE IS \$150,00 OFFICERS AND DIRECTORS 110. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SECRETARIANS OFFICERS AND DIRECTORS IN 11 INTERVIEW ACCEPTANCE AND DIRECTORS IN 11 INTERVIEW ACCEPTANCE AND ACCEPTANCE AC	6. Name and Address of Current Registered Agent							7. Name and Address of	New Registered	Agent	·
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur	21178 OLEAN BLVD, #C					Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Title Delete Delete Title Delete									FL	Zip Cod	e
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. AZIMA, ALI A M.D. SIREH ADDRESS CITY-SI-2P 11/18 PORT CHARLOTTE, FL 33952 11/18 11/18 11/18 11/18 11/19											
ARTOR May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PTD	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
ITILE NAME PTD AZIMA, ALI A M.D. Delete NAME STREET ADDRESS CITY-ST-2P Change Addition AZIMA, ALI A M.D. 21178 OLEAN BLVD. PORT CHARLOTTE, FL 33952 Delete TITLE NAME STREET ADDRESS CITY-ST-2P	FILE NOTICE 13 \$ 150.00										
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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	CHT-SI-ZIP]						tie Chapter 110. Flexido Sta			

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 catt; 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.