

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39269

FILED
Jan 25, 2006
Secretary of State

Entity Name: WOMEN'S HEALTHCARE SPECIALISTS, P.A.

Current Principal Place of Business:

17160 ARVIDA PARKWAY
SUITE 2
WESTON, FL 33326

New Principal Place of Business:

PO BOX 267818
WESTON, FL 33326

Current Mailing Address:

17160 ARVIDA PKWY
SUITE 2
WESTON, FL 33326

New Mailing Address:

PO BOX 267818
WESTON, FL 33326

FEI Number: 59-2098111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTOR, BERNARD
17160 ARVIDA PKWY
SUITE 2
WESTON, FL 33326 US

Name and Address of New Registered Agent:

CANTOR, BERNARD
2865 KINSINGTON CIRCLE
WESTON, FL 33332 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

01/25/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CANTOR, BERNARD M.D.
Address: 2865 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD CANTOR, M.D.

Electronic Signature of Signing Officer or Director

PSD

01/25/2006

Date