

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 23 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F45863** (0)

1. Corporation Name  
**NATIONAL WOMENS HEALTH SERVICES, INC.**

Principal Place of Business  
**2106 DREW ST STE 101  
CLEARWATER FL 34625-3214**

Mailing Address  
**2106 DREW ST STE 101  
CLEARWATER FL 34625-3214**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**09/23/1981**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number  
**59-2149674**

Applied For:  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CATTERTON, DEZRA  
2106 DREW ST #103  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYGIEL, ROBIN L.</b>	1.2 NAME	
STREET ADDRESS	<b>2106 DREW ST, 103</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRESDEN, GARY A MD</b>	2.2 NAME	
STREET ADDRESS	<b>2106 DREW ST #103</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TICKTIN, HAROLD J MD</b>	3.2 NAME	
STREET ADDRESS	<b>2106 DREW ST #103</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON, KATHLEEN A</b>	4.2 NAME	
STREET ADDRESS	<b>2106 DREW ST, 103</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, MELINDA R.</b>	5.2 NAME	
STREET ADDRESS	<b>2106 DREW ST #103</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robin L. Rygiel* **Robin L. Rygiel**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-17-95**  
 Original Filing #: **813)442-0445**