

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22
23 City & State
24 Zip Country
25
26 **2106 Drew Street**
27 Suite, Apt. #, etc.
28 **103**
29 City & State
30 **Clearwater, FL**
31 Zip Country
32 **34625 USA**

3. Date Incorporated or Qualified
09/23/1981

3a. Date of Last Report
03/23/1995

4. FEI Number
59-2149674
Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATTERTON, DEZRA
2106 DREW ST #103
CLEARWATER FL 34625**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
RYGIEL, ROBIN L
2106 DREW ST, 103
CLEARWATER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DRESDEN, GARY A MD
2106 DREW ST #103
CLEARWATER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TICKIN, HAROLD J MD
2106 DREW ST #103
CLEARWATER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
OLSON, KATHLEEN A
2106 DREW ST, 103
CLEARWATER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MILLER, MELINDA R.
2106 DREW ST #103
CLEARWATER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Melinda R. Miller* TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (B13) 442-0445
Date Daytime Phone #

CR2E034 (12/95)