

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74561

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: WOMEN'S HEALTH SPECIALISTS, M.D., P.A.

## Current Principal Place of Business:

100 W. GORE ST.  
STE 400  
ORLANDO, FL 32806 US

## New Principal Place of Business:

100 W GORE STREET  
STE 400  
ORLANDO, FL 32806 US

## Current Mailing Address:

100 W. GORE ST.  
STE 400  
ORLANDO, FL 32806 US

## New Mailing Address:

100 W GORE STREET  
STE 400  
ORLANDO, FL 32806 US

FEI Number: 59-2805184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NELSON, ELIZABETH  
100 W. GORE ST.  
SUITE 400  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

NELSON, ELIZABETH  
100 W GORE STREET  
SUITE 400  
ORLANDO, FL 32806 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:

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NELSON, ELIZABETH M., D.  
Address: 100 W. GORE ST., STE 400  
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete  
Name: ENRIQUEZ, SONIA MD.  
Address: 100 W. GORE ST., STE 400  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NELSON, ELIZABETH M., D.  
Address: 100 W GORE STREET, STE 400  
City-St-Zip: ORLANDO, FL 32806

Title: S (X) Change ( ) Addition  
Name: ENRIQUEZ, SONIA M.D.,  
Address: 100 W GORE STREET, STE 400  
City-St-Zip: ORLANDO, FL 32806

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: NELSON, ELIZABETH M.D.

PD

01/26/2007

Electronic Signature of Signing Officer or Director

Date