
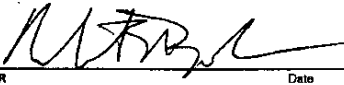


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90011 001 ***150.00

DOCUMENT # L73782 1. Entity Name WOMEN'S HEALTH CARE OF ST. AUGUSTINE, P.A.					
Principal Place of Business 201 HEALTH PARK BLVD SUITE 215 ST. AUGUSTINE, FL 32086 US			Mailing Address 201 HEALTH PARK BLVD SUITE 215 ST. AUGUSTINE, FL 32086 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0196448	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, FREDERICK L. 5611 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6944 La Mesa Drive West City FL Zip Code 32217		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUPREE, ROBERT E., JR. 437 MARSH POINT CIRCLE ST AUGUSTINE, FL 33080 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DUPREE, DIANE L. 437 MARSH POINT CIR ST. AUGUSTINE, FL 33080 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ROBERT E. DUPREE, JR.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 904 825-3629 <small>Daytime Phone #</small>		