2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# L73782

Entity Name: WOMEN'S HEALTH CARE OF ST. AUGUSTINE, P.A.

Current Principal Place of Business:

201 HEALTH PARK BLVD
SUITE 215
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

101 WHITEHALL DRIVE
SUITE 108
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

201 HEALTH PARK BLVD
SUITE 215
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

101 WHITEHALL DRIVE
SUITE 108
ST. AUGUSTINE, FL 32086 US

FEI Number: 65-0196448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUPREE, ROBERT E JR
437 MARSH POINT CIRCLE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: DUPREE, ROBERT E., JR.
Address: 437 MARSH POINT CIRCLE
City-St-Zip: ST AUGUSTINE, FL 33080

Title: ST
Name: DUPREE, DIANE L.
Address: 437 MARSH POINT CIR
City-St-Zip: ST. AUGUSTINE, FL 33080

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. DUPREE, JR PD 04/08/2010

Electronic Signature of Signing Officer or Director Date