

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L73782

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**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: DIANE L DUPREE

ST

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date