



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004925</b>	
1. Entity Name <b>WOMEN'S INSTITUTE OF TOTAL HEALTH IN NATURE, INC</b>	

Principal Place of Business <b>7800 RED RD., 325 MIAMI, FL 33143</b>	Mailing Address <b>7800 RED RD., 325 MIAMI, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**

	
05032004 No Chg-NP	CR2E037 (10/03)
4. FEI Number <b>65-1035303</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>SHURMAN, CAROLYN 3608 ST GAUDENS RD MIAMI, FL 33133</b>	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALLOS, NILZA MD 10 EDGEWATER DR UNIT 7D CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SHURMAN, CAROLYN 3608 ST GAUDENS RD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, JAMES 5825 SUNSET DR STE 209 MIAMI, FL 33143
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05/28/04-80001-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** Carolyn Shurman 5/25/04 305 668 0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #