

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90062 038 \*\*\*\*61.25

<b>DOCUMENT # N00000004925</b>					
<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>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		01032006    Chg-NP    CR2E037 (11/05)	
<b>4. FEI Number</b> 65-1035303				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHURMAN, CAROLYN 3608 ST GAUDENS RD MIAMI, FL 33133			Name <u>Kevin O'Brien</u> Street Address (P.O. Box Number is Not Acceptable) <u>2341 SW 10<sup>th</sup> St.</u> City <u>Miami</u> <b>FL</b> Zip Code <u>33135</u>		
<b>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.</b>					
SIGNATURE <u>Kevin M O'Brien</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> President Only	<b>NAME</b> KALLOS, NILZA MD		<b>TITLE</b> D	<b>NAME</b> Gwen Randle	
<b>STREET ADDRESS</b> 10 EDGEWATER DR UNIT 7D	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33133		<b>STREET ADDRESS</b> 1 Grove Isle #1401	<b>CITY-ST-ZIP</b> MIAMI, FL 33133	
<b>TITLE</b> VSTD	<b>NAME</b> SHURMAN, CAROLYN		<b>TITLE</b> D	<b>NAME</b> Kevin O'Brien	
<b>STREET ADDRESS</b> 3608 ST GAUDENS RD	<b>CITY-ST-ZIP</b> MIAMI, FL 33133		<b>STREET ADDRESS</b> 2341 SW 10 <sup>th</sup> St.	<b>CITY-ST-ZIP</b> MIAMI, FL 33135	
<b>TITLE</b> D	<b>NAME</b> ELLISON, JAMES		<b>TITLE</b> D	<b>NAME</b> KAY Sims WILSON	
<b>STREET ADDRESS</b> 5825 SUNSET DR STE 209	<b>CITY-ST-ZIP</b> MIAMI, FL 33143		<b>STREET ADDRESS</b> 7720 SW 55 <sup>th</sup> Ave - C	<b>CITY-ST-ZIP</b> MIAMI, FL 33143	
<b>TITLE</b> D	<b>NAME</b> Diane Deen		<b>TITLE</b> D	<b>NAME</b> Diane Deen Vice Pres	
<b>STREET ADDRESS</b> 2823 Day Ave	<b>CITY-ST-ZIP</b> Miami, FL 33133		<b>STREET ADDRESS</b> 3851 Braganza Ave	<b>CITY-ST-ZIP</b> Miami, FL 33133	
<b>TITLE</b> Secretary	<b>NAME</b> Martha Harrison		<b>TITLE</b> D	<b>NAME</b> Martha Harrison	
<b>STREET ADDRESS</b> 3851 Braganza Ave	<b>CITY-ST-ZIP</b> Miami, FL 33133		<b>STREET ADDRESS</b> 3851 Braganza Ave	<b>CITY-ST-ZIP</b> Miami, FL 33133	
<b>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 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.</b>					
<b>SIGNATURE:</b> <u>Diane Deen</u>			<b>SIGNATURE:</b> <u>Diane Deen</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>			<small>Daytime Phone #</small>		