

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001496

FILED
Apr 30, 2007
Secretary of State

Entity Name: WELL WOMEN, INC.

Current Principal Place of Business:

5345 ORTEGA BLVD
STE 4
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5345 ORTEGA BLVD
STE 4
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3706142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEW, SUSAN K
5345 ORTEGA BLVD.
SUITE 4
JACKSONVILLE, FL 32210 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: D () Delete
Name: SMITH, JULIE L
Address: 4670 BADEN LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: O () Delete
Name: NEW, SUSAN K
Address: 4341 SHERWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: ANDERSON, REBECCA B
Address: 2732 BEAUCLERC RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HAYES, JO
Address: 4754 LONG BOW ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: JOHNSTON, NANCY
Address: 5525 FAIRLANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: GILBERT, NANCY
Address: 4704 WAVERLY LANE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN K. NEW

O

04/30/2007

Electronic Signature of Signing Officer or Director

Date