

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005455

FILED
Feb 28, 2006
Secretary of State

Entity Name: WOMEN'S HEALTH SCIENCES INSTITUTE, INC.

Current Principal Place of Business:

C/O IOANA G. CARABIN, M.D.
2001 9TH AVE, STE. 302
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

C/O IOANA G. CARABIN, M.D.
2001 9TH AVE, STE. 302
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 61-1419864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWETZ, MELINDA L
2001 9TH AVE, STE. 302
VERO BEACH, FL 32960 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: SOTTILARE, SANTO J
Address: 736 GAYFEATHER LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D/P () Delete
Name: CARABIN, IOANA G
Address: 3785 7TH LANE
City-St-Zip: VERO BEACH, FL 32968

Title: D/S () Delete
Name: RODD, MARJORIE R
Address: 8404 RED BAY COURT
City-St-Zip: VERO BEACH, FL 32963

Title: D/T () Delete
Name: PARHAM, STANLEY S
Address: 2002 14TH DRIVE
City-St-Zip: VERO BEACH, FL 32960

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: IOANA G. CARABIN

D/P

02/28/2006

Electronic Signature of Signing Officer or Director

Date