

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005455

FILED  
Jan 17, 2003  
Secretary of State

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

## Current Principal Place of Business:

C/O IOANA G. CARABIN, M.D.  
780 US HWY 1, STE 300  
VERO BEACH, FL 32963

## New Principal Place of Business:

C/O IOANA G. CARABIN, M.D.  
3785 7TH LANE  
VERO BEACH, FL 32968

## Current Mailing Address:

C/O IOANA G. CARABIN, M.D.  
780 US HWY 1, STE 300  
VERO BEACH, FL 32963

## New Mailing Address:

C/O IOANA G. CARABIN, M.D.  
3785 7TH LANE  
VERO BEACH, FL 32968

FEI Number: 61-1419864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, JOHN E III  
5070 N HWY A-1-A, STE 300  
VERO BEACH, FL 32962 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: SOTTILARE, SANTO J  
Address: 736 GAYFEATHER LANE  
City-St-Zip: VERO BEACH, FL 32963

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

01/17/2003

Electronic Signature of Signing Officer or Director

Date