

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90167 006 \*\*\*\*61.25

<b>DOCUMENT # N04000000206</b> 1. Entity Name <b>THE CARDEA FOUNDATION FOR WOMEN'S HEALTH AND HUMAN RIGHTS, INC.</b>																																																																																																																																			
Principal Place of Business <del>911 NORTH ORANGE AVENUE SUITE 505</del> ORLANDO FL 32801		Mailing Address <del>911 NORTH ORANGE AVENUE SUITE 505</del> ORLANDO FL 32801																																																																																																																																	
2. Principal Place of Business <b>One South Eola Dr</b> Suite, Apt. #, etc. <b>#17</b> City & State <b>Orlando, FL</b> Zip <b>32801</b> County <b>Orange</b>		3. Mailing Address <b>One South Eola Dr</b> Suite, Apt. #, etc. <b>#17</b> City & State <b>Orlando, FL</b> Zip <b>32801</b> County <b>Orange</b>		<b>66018143</b>   1st MOORE CR2E037 (10/04)  4. FEI Number <b>20-0758591</b> Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____																																																																																																																															
6. Name and Address of Current Registered Agent <b>JENKINS, D. WAYNE MD</b> <del>1110 SOUTHWEST IVANHOE BLVD, #19</del> <del>ORLANDO FL 32804</del> <b>One S. Eola Dr #17</b> <b>Orlando, FL 32801</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. SIGNATURE  DATE <b>4/3/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when remitting)</small>																																																																																																																																			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing 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>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DV JENKINS, D. WAYNE MD</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DV JENKINS, D. Wayne MD</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>911 NORTH ORANGE AVENUE SUITE 505</td> <td></td> <td>NAME</td> <td>One South Eola Dr. #17</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO FL 32801</td> <td></td> <td>STREET ADDRESS</td> <td>Orlando, FL 32801</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TEDJARATI, SEAN MD</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>207 S HESPERIDES</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33609</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MUNOZ, JULIAN MD</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4640 DUBLIN BLVD SUITE 128</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUBLIN CA 94568</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	DV JENKINS, D. WAYNE MD	<input type="checkbox"/> Delete	TITLE	DV JENKINS, D. Wayne MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	911 NORTH ORANGE AVENUE SUITE 505		NAME	One South Eola Dr. #17		STREET ADDRESS	ORLANDO FL 32801		STREET ADDRESS	Orlando, FL 32801		CITY-ST-ZIP			CITY-ST-ZIP			TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TEDJARATI, SEAN MD		NAME			STREET ADDRESS	207 S HESPERIDES		STREET ADDRESS			CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MUNOZ, JULIAN MD		NAME			STREET ADDRESS	4640 DUBLIN BLVD SUITE 128		STREET ADDRESS			CITY-ST-ZIP	DUBLIN CA 94568		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  DATE <b>4/3/05</b> <b>467 841-5183</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			