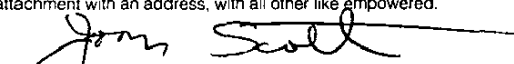


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90170 037 ****61.25

DOCUMENT # N04000007098 1. Entity Name A WOMAN'S ANSWER MEDICAL CENTER, INC.					
Principal Place of Business 4203 NW 67TH TERR. GAINESVILLE, FL 32606			Mailing Address 4300 NW 23RD AVE. SUITE 528 GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-1521374				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, JOAN I 4203 NW 67TH TERR. GAINESVILLE, FL 32606			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JOAN I 4203 NW 67TH TERR. GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANDJEAN BROWN, JOCELYNE 22122 NW CR 235-A ALACHUA, FL 32615	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELKEY, SEAN 2601 NW 23RD BLVD., APT. 147 GAINESVILLE, FL 32605	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELKEY, MARGARET 2601 NW 23RD BLVD., APT. 147 GAINESVILLE, FL 32605	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thomas J. Pernice 10124 SW 17th Place Gainesville, FL 32607	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John M. Stiena, M.D. 8801 NW 23rd Ave. Gainesville, FL 32606	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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.					
SIGNATURE: 			1/10/06 352-373-1764		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		