

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001876

FILED
Feb 22, 2012
Secretary of State

Entity Name: A WOMEN'S HEALTH NETWORK, INC.

Current Principal Place of Business:

1429 NW 48TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1429 NW 48TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 26-4076959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGH, KARIN L
1429 NW 48TH TERRACE
GAINESVILLE, FL 32605 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: CEO
Name: PUGH, KARIN L
Address: 1429 NW 48TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T
Name: WOOLFE, ROBERT
Address: 21364 NW CR-2054
City-St-Zip: ALACHUA, FL 32615

Title: S
Name: VAUGHN, VICTORIA
Address: 15309 SE 182ND AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: D
Name: ADDIS, PH.D., SUE
Address: 3119 NW 75TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: RICE, GRI, SFR, GRETA
Address: 415 SW 132ND TERRACE
City-St-Zip: TIOGA, FL 32669

Title: D
Name: THOMPSON, LARA
Address: 108 NW 21ST TERRACE
City-St-Zip: GAINESVILLE, F 32603

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C WOOLFE

TRES

02/22/2012

Electronic Signature of Signing Officer or Director

Date