

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2011
Secretary of State

Entity Name: THE FOUNDATION FOR WOMEN'S HEALTH, INC.

Current Principal Place of Business:

3301 EAST TAMIAMI TRAIL
BLDG H
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3301 EAST TAMIAMI TRAIL
BLDG H
NAPLES, FL 34112

New Mailing Address:

FEI Number: 59-3592432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN PELT, THOMAS A
3301 EAST TAMIAMI TRAIL
BLDG H
NAPLES, FL 34112 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: P/D
Name: HILDAHL, DEAN MD
Address: 5500 BRYSON DRIVE
City-St-Zip: NAPLES, FL 34109

Title: S
Name: MCLEAN, WALLACE MD
Address: 775 1ST AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: T
Name: BECKETT, THOMAS MD
Address: 3301 E TAMIAMI TR, BLDG
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: GREVENGOOD, CHRIS MS
Address: 3301 E TAMIAMI TR, BLDG
City-St-Zip: NAPLES, FL 34112

Title: D
Name: GAUTA, JOSEPH MD
Address: 3301 E TAMIAMI TR, BLDG
City-St-Zip: NAPLES, FL 34112

Title: D
Name: KAMERMAN, MAX MD
Address: 3301 E TAMIAMI TR, BLDG
City-St-Zip: NAPLES, FL 34112

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: THOMAS VAN PELT

EXEC

01/10/2011

Electronic Signature of Signing Officer or Director

Date