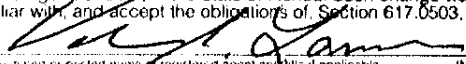
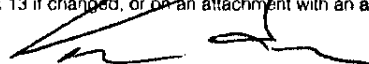


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47463 1. Corporate Name WOMEN'S HEALTH SERVICES, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 1000 45th Street Suite, Apt. #, etc. 22 Suite 12 City & State 23 West Palm Beach, FL Zip 24 33401		2a. Mailing Address 26 1309 N. Flagler Drive Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33401	
3. Date Incorporated or Qualified 02/20/1992		3a. Date of Last Report 1996	
4. FEI Number 65-0316010		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City West Palm Beach FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City West Palm Beach FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE:  DATE: 4-30-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP 1.1 TITLE ☒ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE ☒ DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE ☒ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE ☒ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE ☒ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE ☒ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CD ☒ Change ☐ Addition Martin Murphy 1309 N. Flagler Drive West Palm Beach, FL 33401 PD ☒ Change ☐ Addition Phillip C. Dutcher 1309 N. Flagler Drive West Palm Beach, FL 33401 TD ☒ Change ☐ Addition Frank Nask 1309 N. Flagler Drive West Palm Beach, FL 33401 S ☒ Change ☐ Addition Valerie G. Larcombe 1309 N. Flagler Drive West Palm Beach, FL 33401 900002172429 -05/09/97--01002--053 ***593.75	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:  DATE: 4-30-97 Daytime Phone #: 5616506223 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)