FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # N47463

1. Corporation Name

WOMEN'S HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 02/20/1992 | 3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 1000 45th Street	26 1309 N. Flagler Drive
Suite, Apt. #, etc. 22 Suite 12	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33401 / Country 25 Palm Beach	Zip 29 33401 / Country 30 Palm Beach

4. FEI Number: 65-0316010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Valerie G. Larcombe

82 Street Address (P.O. Box Number is Not Acceptable): 1309 N. Flagler Drive

83

84 City: West Palm Beach FL 85 Zip Code: 33401

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: [signature] 4-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD / Martin Murphy / 1309 N. Flagler Drive / West Palm Beach, FL 33401 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD / Phillip C. Dutcher / 1309 N. Flagler Drive / West Palm Beach, FL 33401 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD / Frank Nask / 1309 N. Flagler Drive / West Palm Beach, FL 33401 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S / Valerie G. Larcombe / 1309 N. Flagler Drive / West Palm Beach, FL 33401 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

5/6/97

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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: [signature] 4-30-97 5616506223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #