

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N47463

(7)

1. Corporation Name

WOMEN'S HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

1000 45TH STREET
#12
WEST PALM BEACH FL 33407
US

1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified

02/20/1992

4. FEI Number

65-0316010

Applied For

Not Applicable

2. Principal Place of Business

21 927 45th Street

2a. Mailing Address

26 927 45th Street

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33407

Country

25 Palm Beach

Zip

29 33407

Country

30 Palm Beach

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE
1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 CD ☐ DELETE

NAME MURPHY, MARTIN
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME DUTCHER, PHILLIP
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME LARCOMBE, VALERIE
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME NASK, FRANK
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300002515805
-05/07/98--01096--005
***1843.75

14. I 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

CR2E037 (10/97)