

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47463**

1. Entity Name

WOMEN'S HEALTH SERVICES, INC.

Principal Place of Business

927 45th Street**West Palm Beach, FL 33407**

Mailing Address

927 45th Street**West Palm Beach, FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0316010

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Valerie G. Larcombe, Esq.
Akerman Senterfitt
777 So. Flagler Drive
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to:**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	Martin Murphy	
STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Steven Nathan	
STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	S	<input type="checkbox"/> Delete
NAME	Valerie Larcombe	
STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	TD	<input type="checkbox"/> Delete
NAME	Michael Loscalzo	
STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Stanek	
STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Eshak	
STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie Larcombe	
STREET ADDRESS	777 So. Flagler Drive, Suite 900-East	
CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90289 001 *1,185.00

72266

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)