

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 019 ****61.25

DOCUMENT # N47463

1. Entity Name

WOMEN'S HEALTH SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 FORUM WAY

Suite, Apt. #, etc.

SUITE 101

City & State

WEST PALM BEACH, FL

Zip

33401

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650316010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

674082

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DALE S. WEBBER

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

401 E. JACKSON ST.

SUITE 2500

City

TAMPA

FL

Zip Code
33602

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

5/13/02

FEE IS \$61.25
Initial or Amended UBR

9. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DANIEL F. RUSSELL
1401 FORUM WAY, SUITE 101
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
C. KENT RUSSELL
1401 FORUM WAY, SUITE 101
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBERT V. STANEK
1401 FORUM WAY, SUITE 101
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLIAM BRICKER
1401 FORUM WAY, SUITE 101
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William J Bricker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/02 561-686-0769

CR2E037B (12/01)