

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 010 ****61.25

DOCUMENT # N47463

1. Entity Name

WOMEN'S HEALTH SERVICES, INC.



Principal Place of Business

1645 PALM BEACH LAKES BLVD.
440

WEST PALM BEACH, FL 33401 US

Mailing Address

1645 PALM BEACH LAKES BLVD.
440

WEST PALM BEACH, FL 33401 US

34003041



DO NOT WRITE IN THIS SPACE

08102004 No Chg-NP

CR2E037 (10/03)

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

WEBBER, DALE S
401 E. JACKSON STREET
SUITE 2500
TAMPA, FL 33602

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME RUSSELL, DANIEL F
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 440
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD
NAME RUSSELL, C KENT
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 440
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE PD
NAME STANEK, ROBERT
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 440
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #