2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N47463

1. Entity Name
WOMEN'S HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD. 440 WEST PALM BEACH, FL 33401 US	1645 PALM BEACH LAKES BLVD. 440 WEST PALM BEACH, FL 33401 US

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02202006 No Chg-NP CR2E037 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 OK to pay
Due by May 1, 2006

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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03/19/06 80001-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ Robert V. Stanek CEO 561-686-0769 x 203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #