

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 12, 2009
Secretary of State

DOCUMENT# N47463

Entity Name: WOMEN'S HEALTH SERVICES, INC.

Current Principal Place of Business:3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073 US**Current Mailing Address:**3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073 US**New Principal Place of Business:**2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411 US**New Mailing Address:**2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411 US

FEI Number: 65-0316010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WEBBER, DALE S
401 E. JACKSON STREET
SUITE 2500
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: CD () Delete
Name: RUSSELL, DANIEL F
Address: 1645 PALM BEACH LAKES BLVD., SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401Title: STD () Delete
Name: RUSSELL, C KENT
Address: 1645 PALM BEACH LAKES BLVD., SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401Title: PD () Delete
Name: STANEK, ROBERT
Address: 1645 PALM BEACH LAKES BLVD., SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: STANEK, ROBERT V
Address: 1645 PALM BEACH LAKES BLVD., SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STANEK

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date