

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47463

FILED
Jan 04, 2010
Secretary of State

Entity Name: WOMEN'S HEALTH SERVICES, INC.

Current Principal Place of Business:

2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411 US

New Mailing Address:

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
Name: RUSSELL, DANIEL F
Address: 1645 PALM BEACH LAKES BLVD., SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD
Name: RUSSELL, C KENT
Address: 1645 PALM BEACH LAKES BLVD., SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD
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 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 all other like empowered.

SIGNATURE: ROBERT V. STANEK

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date