

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001850

FILED  
May 04, 2008  
Secretary of State

**Entity Name:** THE ENDOMETRIOSIS RESEARCH CENTER & WOMEN'S HOSPITAL, INC.

**Current Principal Place of Business:**

630 IBIS DRIVE  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

630 IBIS DRIVE  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

**FEI Number:** 65-0735986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARVEL, MICHELLE E  
630 IBIS DRIVE  
DELRAY BEACH, FL 33444 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: PD ( ) Delete  
Name: MARVEL, MICHELLE E  
Address: 630 IBIS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: COOK, ANDREW MD  
Address: 630 IBIS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: FLEMING, WILLIAM PHD  
Address: C/O 10180 SW NIMBUS AVE STE J5  
City-St-Zip: PORTLAND, OR 97223

Title: D ( ) Delete  
Name: HOCHMAN, JAIME  
Address: 13333 NW 7TH STREET  
City-St-Zip: PLANTATION, FL 33325

Title: D ( ) Delete  
Name: GUIDONE, HEATHER  
Address: 71 WEST STREET  
City-St-Zip: WRAWICK, NY 10990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELLE E. MARVEL

PD

05/04/2008

Electronic Signature of Signing Officer or Director

Date