2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N97000001850

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 ( )**

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:	133333 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 P 04/26/2009

Electronic Signature of Signing Officer or Director — Date