2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2010
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 ( )**
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
Name: MARVEL, MICHELLE E
Address: 630 IBIS DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

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

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

Title: D
Name: HOCHMAN, JAIME
Address: 133333 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33325

Title: D
Name: GUIDONE, HEATHER
Address: 71 WEST STREET
City-St-Zip: WARWICK, NY 10990

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: MICHELLE E MARVEL PD 05/02/2010
Electronic Signature of Signing Officer or Director Date