

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004049

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** INSTITUTE OF WOMEN'S HEALTH OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

1103 LUCERNE TERRACE  
ORLANDO, FL 32806

**New Principal Place of Business:**

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819

**Current Mailing Address:**

609 VIRGINIA DR  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 58-3460858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVE S STE 101-330  
NAPLES, FL 34102 US

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

WEATHERFORD, WILLIAM P ESQ  
1150 LOUISIANA AVE  
SUITE 4  
WINTER PARK, FL 32789 US

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: WILLIAM P WEATHERFORD, ESQ

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PENDERGRAFT, JAMES S. IV M  
Address: 609 VIRGINIA DR  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: WEATHERFORD, WILLIAM  
Address: 1150 LOUISIANA AVENUE, SUITE 4  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: SMALLEY, WAYNE  
Address: 1517 EAST HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32803

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

Title: CEOD (X) Change ( ) Addition  
Name: RAO, ABDUL S MD  
Address: 7380 SAND LAKE ROAD, SUITE 500  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition  
Name: CLARKE, MICHELE  
Address: 1243 SARATOGA RD  
City-St-Zip: BALLSTON SPA, NY 12020

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: ABDUL S RAO

DR

04/29/2009

Electronic Signature of Signing Officer or Director

Date