

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 26, 2009**  
**Secretary of State**

DOCUMENT# N97000004049

**Entity Name:** INSTITUTE OF WOMEN'S HEALTH OF NORTH AMERICA, INC.**Current Principal Place of Business:**7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819**New Principal Place of Business:****Current Mailing Address:**609 VIRGINIA DR  
ORLANDO, FL 32803**New Mailing Address:**7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819**FEI Number:** 58-3460858**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEATHERFORD, WILLIAM P ESQ  
1150 LOUISIANA AVE  
SUITE 4  
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**AGENTS AND CORPORATIONS, INC  
300 FIFTH AVENUE SOUTH  
101-330  
NAPLES, FL 34102 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: DAVID N WILLIAMS

05/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**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:

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: WAYNE SMALLEY

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date