

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004049

FILED
Apr 28, 2011
Secretary of State

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:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819

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 AVENUE SOUTH
101-330
NAPLES, FL 34102 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: CEO
Name: RAO, ABDUL S MD
Address: 7380 SAND LAKE ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32819

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

Title: VC,S
Name: HARRIS, KATHY
Address: 7505 KINROSS CT, SUITE 100
City-St-Zip: VALRICO, FL 33596

Title: T
Name: MORRIS, MERRI MD
Address: 1939 NEW HAMPSHIRE, NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D
Name: LLOYD, DEREK
Address: CARIBBEAN AMERICAN CHAMBER, P O BOX 1499
City-St-Zip: LAND-O-LAKES, FL 34639

Title: D
Name: SCOTT, THOMAS REV
Address: 3000 N 34TH STREET
City-St-Zip: TAMPA, FL 33605

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: ABDUL S RAO, MD

CEOD

04/28/2011

Electronic Signature of Signing Officer or Director

Date