

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004049

FILED
Feb 09, 2012
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:

609 VIRGINIA DRIVE
ORLANDO, FL 32803

Current Mailing Address:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819

New Mailing Address:

609 VIRGINIA DRIVE
ORLANDO, FL 32803

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:

SMALLEY & COMPANY, PL
1517 EAST HILLCREST ST
ORLANDO, FL 32803 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: WAYNE SMALLEY

02/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PENDERGRAFT IV, JAMES S MD
Address: 609 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

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

Title: D
Name: WEATHERFORD, WILLIAM ESQ
Address: 1150 LOUISIANA AVE, SUITE 4
City-St-Zip: WINTER PARK, FL 32790

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: JAMES S PENDERGRAFT IV, MD

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date