

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90044 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N 97006007178</u>			
1. Corporation Name <u>Tri-County Women's Health, Inc.</u> <u>Changed on 4/30/99 to Full Circle Women's Health, Inc.</u>			
Principal Place of Business <u>104 E Du Lu St</u> <u>Madison FL 32340</u>		Mailing Address <u>10 Box 184</u> <u>Monticello FL 32341</u>	
WE HAVE CHANGED OUR NAME TO FULL CIRCLE WOMEN'S HEALTH, INC. Formerly: Tri-County Women's Health, Inc. Same Location and Mailing Address: PO Bx. 184, Madison FL 32341			
2. Principal Place 21 Suite, Apt. #: 22 City & State 23 Zip Country		3. Date Incorporated or Qualified <u>12/30/98</u> 4. FEI Number <u>693486003</u> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		25 Zip Country	
9. Name and Address of Current Registered Agent <u>Miriam L Turner</u> <u>Rt 5 Box 5545</u> <u>Monticello FL 32344</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <u>Miriam Turner</u> DATE <u>4/30/99</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sue Gray</u> <u>Rt 3 Box 1490</u> <u>Madison FL 32340</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>Director</u> <u>Sue Gray</u> <u>Rt 3 Box 1490</u> <u>Madison FL</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Miriam L Turner</u> <u>Rt 5 Box 5545</u> <u>Monticello FL 32344</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<u>President</u> <u>Miriam L Turner</u> <u>Rt 5 Box 5545</u> <u>Monticello FL 32344</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<u>Sec / Treasurer</u> <u>Miriam Gurnick</u> <u>1943 Lawson Rd</u> <u>Tallahassee, FL 32308</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(850) 473-4814

Daytime Phone

CR2E037 (1/98)