


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90091 024 ***150.00

DOCUMENT # P04000005170
 1. Entity Name
 PREMIER INSTITUTE FOR WOMENS HEALTH, INC.



Principal Place of Business: 6122 S TAMiami TR, SARASOTA, FL 34231
 Mailing Address: 6122 S TAMiami TR, SARASOTA, FL 34231

60037377



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0554409 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHN, MERCURIO
 713 S ORANGE AVE
 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: RICK, MARSHALL STREET ADDRESS: 5753 INSANDA PLACE CITY-ST-ZIP: SARASOTA, FL 34231	DO NOT WRITE IN THIS SPACE
TITLE: D NAME: MATTHEW, KACHINAS STREET ADDRESS: 1590 HARBOR CAY LANE CITY-ST-ZIP: LONGBOAT KEY, FL 34228	
TITLE: D NAME: JACOBS, LORI STREET ADDRESS: 6122 S. TAMiami TRAIL CITY-ST-ZIP: SARASOTA, FL 34231	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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 Date Daytime Phone #