

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005170

FILED
Sep 12, 2007
Secretary of State

Entity Name: PREMIER INSTITUTE FOR WOMENS HEALTH, INC.

Current Principal Place of Business:

6122 S TAMiami TR
SARASOTA, FL 34231

New Principal Place of Business:

6122 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

Current Mailing Address:

6122 S TAMiami TR
SARASOTA, FL 34231

New Mailing Address:

6122 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

FEI Number: 20-0554409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHN, MERCURIO
713 S ORANGE AVE
SARASOTA,, FL 34236 US

Name and Address of New Registered Agent:

MERCURIO, JOHN
713 SOUTH ORANGE AVENUE
SARASOTA,, FL 34236 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: JOHN MERCURIO

09/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTHEW, KACHINAS
Address: 1590 HARBOR CAY LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: JACOBS, LORI
Address: 6122 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KACHINAS, MATTHEW J MD
Address: 6122 SOUTH TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change () Addition
Name: CHARTIER, TIA M
Address: 1590 HARBOR CAY LANE
City-St-Zip: SARASOTA, FL 34228

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIA M CHARTIER

D

09/12/2007

Electronic Signature of Signing Officer or Director

Date