

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000005170

1. Entity Name
PREMIER INSTITUTE FOR WOMENS HEALTH, INC.



Principal Place of Business
6122 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

Mailing Address
6122 SOUTH TAMiami TRAIL
SARASOTA, FL 34231



04302008 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

MERCURIO, JOHN
713 SOUTH ORANGE AVENUE
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 Matthew J. Kachinas Matthew J. Kachinas 4/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000942753
05/29/08-80030-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KACHINAS, MATTHEW J MD
STREET ADDRESS	6122 SOUTH TAMiami TRAIL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	CHARTIER, TIA M
STREET ADDRESS	1590 HARBOR CAY LANE
CITY-ST-ZIP	SARASOTA, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Matthew J. Kachinas Matthew J. Kachinas 4/30/08 941-923-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #