

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067005

FILED  
May 03, 2008  
Secretary of State

Entity Name: WOMEN'S HEALTH FOUNDATION, P.A.

## Current Principal Place of Business:

3301 E. TAMIAMI TRAIL, BLDG. H.  
NAPLES, FL 34112

## New Principal Place of Business:

## Current Mailing Address:

3301 E. TAMIAMI TRAIL, BLDG. H.  
NAPLES, FL 34112

## New Mailing Address:

FEI Number: 20-2803636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRAVIS, TED  
4125 NORTH RD.  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

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:

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: DP ( ) Delete  
Name: ALEXANDER, JODY MD  
Address: 1890 SW HEALTH PKWY., STE. 205  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: GREVENGOOD, CHRIS MD  
Address: 11181 HEALTH PARK BLVD., SUITE 1000  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: MCLEAN, WALLACE MD  
Address: 775 1ST AVE. N.  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: KAMERMAN, MAX MD  
Address: 775 1ST AVE. N.  
City-St-Zip: NAPLES, FL 34102

Title: DVP ( ) Delete  
Name: GAUTA, JOSEPH MD  
Address: 1890 SW HEALTH PKY., STE. 205  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: BECKETT, THOMAS MD  
Address: 11181 HEALTH PARK BLVD., STE. 1170  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JODY ALEXANDER, M.D.

PRES

05/03/2008

Electronic Signature of Signing Officer or Director

Date