

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067005

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

3339 E. TAMIAMI TRAIL, BLDG. H.
SUITE 146
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3339 E. TAMIAMI TRAIL, BLDG. H.
SUITE 146
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-2803636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN PELT, THOMAS A
712 HOLMES AVE
LEHIGH ACRES, FL 33974 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

OFFICERS AND DIRECTORS:

Title: P
Name: HILDHAL, DEAN MD
Address: 3339 E TAMIAMI TR, STE: 146
City-St-Zip: NAPLES, FL 34112

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A VAN PELT

EDIR

02/08/2012

Electronic Signature of Signing Officer or Director

Date