

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90214 022 \*\*\*150.00

4/2

<b>DOCUMENT # P06000060947</b>					
<b>1. Entity Name</b> INSTITUTE FOR WOMEN'S HEALTH SPECIALISTS OF SOUTH FLORIDA, P.A.					
<b>Principal Place of Business</b> 1395 STATE ROAD 7, SUITE 450 WELLINGTON, FL 33414			<b>Mailing Address</b> 1395 STATE ROAD 7, SUITE 450 WELLINGTON, FL 33414		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4787254	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MONAGHAN, TIMOTHY E 54 NE FOURTH AVENUE DELRAY BCH, FL 33483			<b>7. Name and Address of New Registered Agent</b> Name: <u>Christine McKenna</u> Street Address (P.O. Box Number is Not Acceptable): <u>560 VILLAGE BLVD #335</u> City: <u>West Palm Beach</u> FL <u>33409</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4-26-07</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBST, SETH J.M.D. 1395 STATE ROAD 7, SUITE 450 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>		SETH J HERBST MD		4/23/07 561-798-8975	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	