

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060947

FILED
Apr 13, 2009
Secretary of State

Entity Name: INSTITUTE FOR WOMEN'S HEALTH SPECIALISTS OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

1395 STATE ROAD 7, SUITE 450
WELLINGTON, FL 33414

New Principal Place of Business:

1395 STATE ROAD 7
SUITE 450
WELLINGTON, FL 33414

Current Mailing Address:

1395 STATE ROAD 7, SUITE 450
WELLINGTON, FL 33414

New Mailing Address:

1395 STATE ROAD 7
SUITE 450
WELLINGTON, FL 33414

FEI Number: 20-4787254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENNA, CHRISTINE
560 VILLAGE BLVD #335
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

MCKENNA, CHRISTINE
420 COLUMBIA CIRCLE
SUITE 110
WEST PALM BEACH, FL 33409 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: _____

Electronic Signature of Registered Agent

04/13/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERBST, SETH J M.D.
Address: 1395 STATE ROAD 7, SUITE 450
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: HERBST, SETH J M.D.
Address: 1395 STATE ROAD 7, SUITE 450
City-St-Zip: WELLINGTON, FL 33414

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: SETH J HERBST

Electronic Signature of Signing Officer or Director

PRES

04/13/2009

Date