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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007326 (9)

1. Corporation Name

WOMEN'S HEALTH CARE SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:47

Principal Place of Business

4506 L.B. MCLEOD RD
SUITE F
ORLANDO FL 32811

Mailing Address

P.O. BOX 53-6576
ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SIMSER, THOMAS A JR.
201 S ORANGE AVE
SUITE 860
ORLANDO FL 32801

10. Name and Address of New Registered Agent

STEPHEN P. GRIGGS
4506 LB MCLEOD ROAD
SUITE F
ORLANDO FL 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

2/6/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
KENNEDY, WILLIAM P
4506 L.B. MCLEOD RD SUITE F
ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
GRIGGS, STEPHEN P
4506 L.B. MCLEOD RD SUITE F
ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WALKER, WILLIAM A II
250 PARK AVE S 5TH FLOOR
WINTER PARK FL 32789

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
DELETE
X Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
PRES/ASST SEC/DIR
X Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
DELETE
X Change ☐ Addition

SEC/TREAS/DIRECTOR
REBECCA R. IRISH
4506 LB MCLEOD RD., STE F.
ORLANDO FL 32811
X Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered agent or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

REBECCA R. IRISH

2/6/95 (407) 841-2115