FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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.

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

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3223055 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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
81 Name: GRIGGS, STEPHEN P.
82 Street Address (P.O. Box Number is Not Acceptable): 4506 L.B. MCLEOD RD, SUITE F
83
84 City: ORLANDO FL 85 Zip Code: 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: Stephen P. Griggs
Signature of Officer or Director of Resigning Registered Agent — Name of Resigning Registered Agent (Typed or Printed) — DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	IRISH, REBECCA R.	
STREET ADDRESS	4506 LB MCLEOD RD., STE F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PASD	☐ DELETE
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L.B. MCLEOD RD SUITE F	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		32811
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		32811
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001869643	☐ Change ☐ Addition
5.2 NAME	-06/20/96--01054--015	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	100001869641	☐ Change ☐ Addition
6.2 NAME	-06/20/96--01054--017	
6.3 STREET ADDRESS	***50.00	
6.4 CITY-ST-ZIP		

6/20/96

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 119.07(3)(k), 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 receiver, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Rebecca R. Irish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rebecca R. Irish

4/9/96 — Date
(407) 841-2115 — Daytime Phone #

CR2E034 (12/95)