

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001231

FILED
Jan 31, 2005
Secretary of State

Entity Name: WOMEN'S HEALTH CENTER OF MARCO ISLAND, P.A.

Current Principal Place of Business:

960 NORTH COLLIER BLVD.
SUITE 5, CYPRESS GARDENS
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

960 NORTH COLLIER BLVD.
SUITE 5, CYPRESS GARDENS
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 65-0627366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGFORD, GEORGE P
3357 TAMiami TRAIL NORTH
NAPLES, FL 33940 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAURAMAKI, NOELLE A A.R.N.P
Address: 960 NORTH COLLIER BLVD., SUITE 5
City-St-Zip: MARCO ISLAND, FL 33937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NOELLE A. KAURAMAKI, ARNP

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date