

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000009540

FILED
Apr 11, 2003
Secretary of State

Entity Name: WOMEN'S HEALTH CARE, INC.

Current Principal Place of Business:

351 S. CYPRESS RD., SUITE 400
POMPAMO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

351 S. CYPRESS RD., SUITE 400
POMPAMO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0643349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MALCOLM
351 S. CYPRESS RD., SUITE 400
POMPAMO BEACH, FL 33060 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: PD () Delete
Name: COHEN, MALCOLM
Address: 351 S. CYPRESS RD., SUITE 400
City-St-Zip: POMPAMO BEACH, FL 33060

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: MALCOLM COHEN

PD

04/11/2003

Electronic Signature of Signing Officer or Director

Date