

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040034

FILED  
Mar 15, 2004  
Secretary of State

**Entity Name:** REPRODUCTIVE HEALTH ASSOCIATES, P.A.

**Current Principal Place of Business:**

2695 ULMERTON RD.  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

2695 ULMERTON RD.  
STE 1  
CLEARWATER, FL 33762 US

**New Mailing Address:**

2695 ULMERTON RD.  
CLEARWATER, FL 33762 US

**FEI Number:** 59-3376908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT ST, SUITE 102  
CLEARWATER, FL 34616 US

**Name and Address of New Registered Agent:**

GASSMAN, ALAN S  
1245 COURT ST, SUITE 102  
CLEARWATER, FL 33756 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:**

03/15/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COWART, CATHERINE  
Address: 2695 ULMERTON RD.  
City-St-Zip: CLEARWATER, FL 33762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: COWART, CATHERINE  
Address: 2695 ULMERTON RD.  
City-St-Zip: CLEARWATER, FL 33762

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:** CATHERINE L. COWART, MD

PRES

03/15/2004

Electronic Signature of Signing Officer or Director

Date