2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P96000040034

Entity Name: REPRODUCTIVE HEALTH ASSOCIATES, P.A.

Current Principal Place of Business:

2919 SWANN AVE STE 307
CLEARWATER, FL 33762 US

New Principal Place of Business:

2919 SWANN AVE
SUITE 307
TAMPA, FL 33609 US

Current Mailing Address:

2919 SWANN AVE STE 307
CLEARWATER, FL 33762 US

New Mailing Address:

2919 SWANN AVE
SUITE 307
TAMPA, FL 33609 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 33756 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: DR ( ) Delete
Name: COWART, CATHERINE
Address: 2919 SWABB AVE # 307
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: COWART, CATHERINE
Address: 2919 SWANN AVE # 307
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LORRAINE T JACKSON MS 04/23/2009
Electronic Signature of Signing Officer or Director Date