

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040034

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** REPRODUCTIVE HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

2919 SWANN AVE  
SUITE 307  
TAMPA, FL 33609 US

**New Principal Place of Business:**

2919 W. SWANN AVE.  
SUITE 307  
TAMPA, FL 33609 US

**Current Mailing Address:**

2919 SWANN AVE  
SUITE 307  
TAMPA, FL 33609 US

**New Mailing Address:**

2919 W. 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COWART, CATHERINE  
Address: 2919 W. SWANN AVE., SUITE 307  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE COWART

P

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date