

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088819

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** THE WOMAN'S GROUP, P.A.

**Current Principal Place of Business:**

2716 WEST VIRGINIA AVENUE  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

15260 AMBERLY DRIVE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 59-3475693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, MADELYN E MD  
5206 BAYSHORE BLVD.  
TAMPA, FL 33611 US

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

EASTERLING, WENDY S  
2716 WEST VIRGINIA AVENUE  
TAMPA, FL 33607 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: WENDY S EASTERLING

04/17/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WAHBA, IRENE N MD  
Address: 21013 LAKE VIENNA DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

Title: D ( ) Delete  
Name: BEVILACQUA, SILVIA A MD  
Address: 2811 SITIOS STREET  
City-St-Zip: TAMPA, FL 33629

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

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

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

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: IRENE WAHBA

DR

04/17/2008

Electronic Signature of Signing Officer or Director

Date