2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

DOCUMENT# P98000103853

Entity Name: WOMEN'S HEALTHCARE PHYSICIANS, P.A.

Current Principal Place of Business:

775 1ST AVE NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

775 1ST AVE NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3545620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAN, WALLACE W MD
775 1ST AVE NORTH
NAPLES, FL 34102 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: PT
Name: MCLEAN, WALLACE W
Address: 187 9 AVE S.
City-St-Zip: NAPLES, FL 34102

Title: VP
Name: KAMERMAN, MAX L
Address: 9136 THE LANE
City-St-Zip: NAPLES, FL 34109

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: WALLACE W MCLEAN MD PT 01/18/2010

Electronic Signature of Signing Officer or Director Date