2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P99000047086

Entity Name: WOMEN'S HEALTH ASSOCIATES, P.A.

Current Principal Place of Business:

4600 SW 46TH COURT
SUITE 150
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

4600 SW 46TH COURT
SUITE 150
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3576480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARVE, PRITI
4600 SW 46TH CT.
150
OCALA, FL 34474 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: DPVS
Name: POORTI, RILEY
Address: 4600 SW 46TH COURT, SUITE 150
City-St-Zip: OCALA, FL 34474

Title: T
Name: KARVE, PRITI
Address: 4600 SW 46TH COURT
City-St-Zip: OCALA, FL 34474

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: PRITI KARVE T 04/21/2011

Electronic Signature of Signing Officer or Director Date