

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 26, 2009
Secretary of State**

DOCUMENT# N97000004049

Entity Name: INSTITUTE OF WOMEN'S HEALTH OF NORTH AMERICA, INC.**Current Principal Place of Business:**7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819**New Principal Place of Business:****Current Mailing Address:**609 VIRGINIA DR
ORLANDO, FL 32803**New Mailing Address:**7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819

FEI Number: 58-3460858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WEATHERFORD, WILLIAM P ESQ
1150 LOUISIANA AVE
SUITE 4
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**AGENTS AND CORPORATIONS, INC
300 FIFTH AVENUE SOUTH
101-330
NAPLES, FL 34102 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: DAVID N WILLIAMS

05/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: CEOD () Delete
Name: RAO, ABDUL S MD
Address: 7380 SAND LAKE ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32819Title: D () Delete
Name: CLARKE, MICHELE
Address: 1243 SARATOGA RD
City-St-Zip: BALLSTON SPA, NY 12020Title: D () Delete
Name: SMALLEY, WAYNE
Address: 1517 EAST HILLCREST STREET
City-St-Zip: ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip: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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SMALLEY

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date