

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004049

FILED  
Apr 28, 2010  
Secretary of State

**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:**

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 58-3460858      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC  
300 FIFTH AVENUE SOUTH  
101-330  
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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: RAO, ABDUL S MD  
Address: 7380 SAND LAKE ROAD, SUITE 500  
City-St-Zip: ORLANDO, FL 32819

Title: C,D  
Name: SMALLEY, WAYNE  
Address: 1517 EAST HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32803

Title: VC,S  
Name: HARRIS, KATHY  
Address: 7505 KINROSS CT, SUITE 100  
City-St-Zip: VALRICO, FL 33596

Title: T  
Name: MORRIS, MERRI MD  
Address: 1939 NEW HAMPSHIRE, NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: D  
Name: LLOYD, DEREK  
Address: CARIBBEAN AMERICAN CHAMBER, P O BOX 1499  
City-St-Zip: LAND-O-LAKES, FL 34639

Title: D  
Name: SCOTT, THOMAS REV  
Address: 3000 N 34TH STREET  
City-St-Zip: TAMPA, FL 33605

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ABDUL S RAO, MD

CEO

04/28/2010

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

\_\_\_\_\_ Date