

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010952

Entity Name: PELVIC HEALTH RESEARCH INITIATIVE, INC.**Current Principal Place of Business:**8215 113TH ST. N.
SEMINOLE, FL 33772**Current Mailing Address:**8215 113TH ST. N.
SEMINOLE, FL 33772**FEI Number:** 47-2592592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAMP, MARY ELLEN
8215 113TH ST. N.
SEMINOLE, FL 33772 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	KRAMP, MARY ELLEN
Address	12454 81ST COURT
City-State-Zip:	SEMINOLE FL 33772

Title	D
Name	WENCEL, JANICE M
Address	7109 51ST PLACE EAST
City-State-Zip:	BRADENTON FL 34203

Title	D
Name	WORMAN, RACHEL
Address	2107 ESPLANADE CIRCLE
City-State-Zip:	FOLSOM CA 95630

Title	D
Name	MANSELL, LAUREN
Address	324 N GLENVIEW LANE
City-State-Zip:	PEOTONE IL 60468

Title	D
Name	BESANTE, JAMIE
Address	541 WINDWARD AVENUE
City-State-Zip:	BEACHWOOD NJ 08722

Title	D
Name	HORTON, RAMONA
Address	2401 PINEBROOK CIRCLE
City-State-Zip:	MEDFORD OR 97504

Title	D
Name	KOCH, KRISTINA
Address	13085 CRANE CANYAN LOOP
City-State-Zip:	COLORADO SPRINGS CO 80921

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: MARY ELLEN KRAMP**MANAGING MEMBER****02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date