

2016 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 33772Title D
Name WENCEL, JANICE M
Address 7109 51ST PLACE EAST
City-State-Zip: BRADENTON FL 34203Title D
Name WORMAN, RACHEL
Address 2107 ESPLANADE CIRCLE
City-State-Zip: FOLSOM CA 95630Title D
Name MANSELL, LAUREN
Address 324 N GLENVIEW LANE
City-State-Zip: PEOTONE IL 60468Title D
Name BESANTE, JAMIE
Address 541 WINDWARD AVENUE
City-State-Zip: BEACHWOOD NJ 08722Title D
Name HORTON, RAMONA
Address 2401 PINEBROOK CIRCLE
City-State-Zip: MEDFORD OR 97504Title 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**PRESIDENT****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date