



State of Alaska  
 Department of Commerce, Community and Economic Development  
 Corporations, Business and Professional Licensing  
 PO Box 110908  
 Juneau, AK 99811-0808

AK Entity #: 31227D  
 Date Filed: 01/21/2005 08:00 AM  
 State of Alaska  
 Department of Commerce

**Business and Professional Corporations  
 2005 Biennial Report**

For the period ending December 31, 2004

Alaska Entity # 31227D

Entity Mailing Address

ALASKA WOMEN'S HEALTH SERVICES, INCORPORATED	4115 Lake Otis Pkwy Anchorage, AK 99508
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Name and Address of Registered Agent:

Physical Address of Agent if mailing Address is a PO Box or Mail Stop

BARBARA ELLEN COWGILL 4115 LK OTIS PKWY ANCHORAGE, AK 99508	
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Check this box if there are no changes to the entity information listed below:

Title	Name	Mailing Address	City, State, Zip	<input type="checkbox"/> if Director	% Shares Held	<input type="checkbox"/> if alien affiliate
President	JAN WHITEFIELD	4115 LK OTIS PKWY	ANCHORAGE AK 99508	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>
Vice President	GORDON HARPER	1428 H ST	ANCHORAGE AK 99501	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>
Secretary	B ELLEN COWGILL	4115 LAKE OTIS PRKWY	ANCHORAGE AK 99501	<input type="checkbox"/>	3	<input type="checkbox"/>
Treasurer	B ELLEN COWGILL	4115 LAKE OTIS PRKWY	ANCHORAGE AK 99501	<input type="checkbox"/>	3	<input type="checkbox"/>
Director	JAN WHITEFIELD	4115 LK OTIS PKWY	ANCHORAGE AK 99508	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>

Please note that this report may not be filed for the record if the required information is not provided. All corporations must have a president, secretary, treasurer and at least one director. The secretary and the president can not be the same person unless the president is 100% shareholder. The entity must also list any alien affiliates and those shareholders that hold 5% or more of the issues shares.

Enter any changes to the officer/director information listed above:

Title	Name	Mailing Address	City, State, Zip	<input type="checkbox"/> if Director	% Shares Held	<input type="checkbox"/> if alien affiliate
President				<input type="checkbox"/>		<input type="checkbox"/>
Vice President				<input type="checkbox"/>		<input type="checkbox"/>
Secretary				<input type="checkbox"/>		<input type="checkbox"/>
Treasurer				<input type="checkbox"/>		<input type="checkbox"/>
Director				<input type="checkbox"/>		<input type="checkbox"/>

If necessary, attach a list of additional officers, directors, shareholders, and alien affiliates on a separate 8 1/2 X 11 sheet of paper.

**This report is public information.** Please do not list confidential information such as date of birth or Social Security Numbers.

Note: The registered agent information, name of the entity and the information in the boxes below cannot be changed using this form. You can request the necessary form to change the information by calling (603) 271-3244 or visit or website at <http://www.dced.state.ak.us/bac/corps.htm>

State of Domicile	Alaska				
Total Number of Authorized Shares		Class:		Series:	
Description of Business Activities in Alaska	ANY LAWFUL			NAICS Code	621111

18 Jan 05 Angela M Wharner Medical Products  
 Date Signature Title

This report is due on January 2nd and must be received with the applicable fees in U.S. dollars.

Domestic Entity - \$100.00 If postmarked after February 1, 2005 - \$137.50	Foreign Entity (State of Domicile not Alaska) - \$200.00 If postmarked after February 1, 2005 - \$247.50
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Mail the completed report and the applicable fees to the address listed at the top of this form.

08-590 Revised 08/04 alh



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