

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 004 ***150.00

DOCUMENT # 576570	
1. Entity Name GYNO-I, INC.	

Principal Place of Business 1517 S. CRYSTAL LAKE DR ORLANDO, FL 32806 US	Mailing Address 3316 MONIKA CIR ORLANDO, FL 32812-7306
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40002923



01042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1826470	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDRONI, DOMINIC J 3316 MONIKA CIR ORLANDO, FL 32812		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Dominic J Sandroni</i> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 1-5-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE - NAME P SANDRONI, DOMINIC J. STREET ADDRESS 3316 MONIKA CRCL. CITY-ST-ZIP ORLANDO, FL	☐ Delete	TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE - NAME S PETERPAUL, VICTOR STREET ADDRESS 1303 COLE ROAD CITY-ST-ZIP ORLANDO, FL 32806	☐ Delete	TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE - NAME NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <i>Dominic J Sandroni</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1-5-07 (407) 895-5333 Daytime Phone #
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