

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G55911

FILED
Apr 27, 2005
Secretary of State

Entity Name: ALL WOMEN'S OB/GYN GROUP, P.A.

Current Principal Place of Business:

817 S. UNIVERSITY DRIVE
#L101
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

817 S. UNIVERSITY DRIVE
#L101
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-2319768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POYWING, CELINA MD
817 S. UNIVERSITY DRIVE
#L101
PLANTATION, FL 33322 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: POY WING, CELINA,
Address: 817 S UNIVERSITY DR L101
City-St-Zip: PLANTATION, FL

Title: D (X) Delete
Name: POY WING, CELINA,
Address: 817 S UNVIERSITY DR L101
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: POY WING, CELINA,
Address: 817 S UNIVERSITY DR , #101
City-St-Zip: PLANTATION, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELINA POY-WING

PVSD

04/27/2005

Electronic Signature of Signing Officer or Director

Date