

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016214

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: CRYSTAL RIVER WOMEN'S HEALTH CENTER, PA

**Current Principal Place of Business:**

6151 N. SUNCOAST BLVD.  
SUITE 1 C  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

6151 N. SUNCOAST BLVD.  
SUITE 1 C  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

FEI Number: 04-3603112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SOBEL, PETER J VP  
6151 N. SUNCOAST BLVD.  
SUITE 1 C  
CRYSTAL RIVER, FL 34428 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: PRES ( ) Delete  
Name: SOBEL, ROSE M PRES.  
Address: 6151 N. SUNCOAST BLVD., SUITE 1 C  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: VP ( ) Delete  
Name: SOBEL, PETER J VP  
Address: 6151 N. SUNCOAST BLVD., SUITE 1 C  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Chapter 119, 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: PETER J SOBEL

VP

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date