

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # 477570

1. Entity Name
LAKELAND WOMEN'S HEALTH CENTER, INC.



Principal Place of Business
**4444 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813**

Mailing Address
**2106 DREW ST
SUITE 103
CLEARWATER, FL 33765 US**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1613824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATTERTON, DEZRA
2106 DREW ST SUITE 103
CLEARWATER, FL 33765**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**000000477371
04/06/06-80038-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DRESDEN, GARY A M.D.
2106 DREW ST., STE 103
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
MILLER, MELINDA R.
2106 DREW ST., STE 103
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
RYGIEL, ROBIN L.
2106 DREW ST #103
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: Melinda R Miller V.P. TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 727-442-0445
Date Daytime Phone #