

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 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



04272007 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 ☐ **\$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 registering)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRESDEN, GARY A M.D.
STREET ADDRESS	2106 DREW ST., STE 103
CITY-STATE-ZIP	CLEARWATER, FL
TITLE	DVT
NAME	MILLER, MELINDA R.
STREET ADDRESS	2106 DREW ST., STE 103
CITY-STATE-ZIP	CLEARWATER, FL
TITLE	DPS
NAME	RYGIEL, ROBIN L.
STREET ADDRESS	2106 DREW ST #103
CITY-STATE-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/18/07-80076-002 150.00

**DO NOT WRITE
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

4/30/07 727-442-0445
Date Daytime Phone #