


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

04-07-2008 90022 016 ****50.00
05-02-2008 90124 015 ***100.00

DOCUMENT # 483284	
1. Entity Name ALL WOMEN'S HEALTH CENTER OF NORTH TAMPA, INC.	

Principal Place of Business 14401 BRUCE B. DOWNS BLVD. TAMPA, FL 33613	Mailing Address 2106 DREW ST 103 CLEARWATER, FL 33765 US
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40092614



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1612918	Applied For <input type="checkbox"/> 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 STREET, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRESDEN, GARY A. 2106 DREW ST., SUITE 103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MILLER, MELINDA R. 2106 DREW ST., SUITE 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	

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 3/25/08 727/442-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #