

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483284

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** ALL WOMEN'S HEALTH CENTER OF NORTH TAMPA, INC.

**Current Principal Place of Business:**

14498 UNIVERSITY COVE PLACE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

2106 DREW ST  
STE 103  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-1612918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATTERTON, DEZRA  
2106 DREW STREET  
STE 103  
CLEARWATER, FL 33765 US

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

OWENS, DEZRA  
2106 DREW STREET  
STE 103  
CLEARWATER, FL 33765 US

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: DEZRA OWENS

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DRESDEN, GARY A MD  
Address: 2106 DREW ST., SUITE 103  
City-St-Zip: CLEARWATER, FL 33765 US

Title: DVT  
Name: MILLER, MELINDA R  
Address: 2106 DREW ST., SUITE 103  
City-St-Zip: CLEARWATER, FL 33765 US

Title: DP  
Name: RYGIEL, ROBIN L  
Address: 2106 DREW ST #103  
City-St-Zip: CLEARWATER, FL 33765 US

Title: S  
Name: OWENS, DEZRA  
Address: 2106 DREW ST #103  
City-St-Zip: CLEARWATER, FL 33765 US

I hereby 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 all other like empowered.

SIGNATURE: MELINDA R MILLER

DVT

03/29/2011

Electronic Signature of Signing Officer or Director

Date