## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 515011** 

Entity Name: FT. MYERS WOMEN'S HEALTH CENTER, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3900 BROADWAY, BLDG C, UNIT 1 3900 BROADWAY FORT MEYERS, FL 33901 BLDNG C, STE 1

FORT MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

2106 DREW STREET

CLEARWATER, FL 33765 US

FEI Number: 59-1701184 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CATTERTON, DEZRA
2106 DREW ST #103
CLEARWATER, FL 33765
US

CATTERTON, DEZRA
2106 DREW ST
STE 103

CLEARWATER, FE 33765 US 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 CATTERTON 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 RYGIEL, ROBIN L
 Name:
 RYGIEL, ROBIN L

 Address:
 2106 DREW ST #103
 Address:
 2106 DREW ST #103

 City-St-Zip:
 CLEARWATER, FL
 CLEARWATER, FL
 33765 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: DRESDEN, GARY A.M.D. Name: DRESDEN, GARY A.M.D.

 Name:
 DRESDEN, GARY A. M.D.
 Name:
 DRESDEN, GARY A. M.D.

 Address:
 2106 DREW ST #103
 Address:
 2106 DREW ST #103

 City-St-Zip:
 CLEARWATER, FL
 Clty-St-Zip:
 CLEARWATER, FL
 33765 US

Title: DVT ( ) Delete Title: DVT (X) Change ( ) Addition

 Name:
 MILLER, MELINDA
 Name:
 MILLER, MELINDA R

 Address:
 2106 DREW ST. #103
 Address:
 2106 DREW ST. #103

 City-St-Zip:
 CLEARWATER, FL
 CIty-St-Zip:
 CLEARWATER, FL
 33765 US

I hereby certify that the information supplied with this filing does not qualify 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: MELINDA R. MILLER DVT 04/28/2009