


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90021 041 ***150.00

DOCUMENT # 520937	
1. Entity Name PARTNERS IN WOMEN'S HEALTHCARE, P.A.	

Principal Place of Business 615 E PRINCETON ST STE 101 ORLANDO, FL 32803 US	Mailing Address 615 E PRINCETON ST STE 101 ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE

40128960



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1706017	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ABRUDESCU, NICHOLAS 615 E PRINCETON ST STE 101 ORLANDO, FL 32803
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRUDESCU, NICHOLAS 615 E PRINCETON ST STE 101 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, NANCY 615 E PRINCETON ST STE 101 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAI, FU 615 E PRINCETON ST. STE 101 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAREEM, YASMINE 615 E PRINCETON ST STE 100 ORLANDO, FL 32803
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: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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