

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11082007

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-1706017

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRUDESCU, NICHOLAS  
615 E PRINCETON ST  
STE 101  
ORLANDO, FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ABRUDESCU, NICHOLAS  
STREET ADDRESS 615 E PRINCETON ST STE 101  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition  
NAME 000114437850  
STREET ADDRESS 01/08/08--01042--011 \*\*70.00  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BROWN, NANCY  
STREET ADDRESS 615 E PRINCETON ST STE 101  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME KAI, FU  
STREET ADDRESS 615 E PRINCETON ST. STE 101  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE SECRETARY/TREASURER ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME KAREEM, YASMINE  
STREET ADDRESS 615 E PRINCETON ST STE 100  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

NICHOLAS ABRUDESCU

11-0-02 407-898-9922

1/4/07

FILED

2008 DEC 31 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

