


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 551533 |  |
| 1. Entry Name ALL WOMEN'S HEALTH CENTER OF SARASOTA, INC. | |

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| Principal Place of Business 2700 SOUTH TAMiami TRAIL STE - 5 SARASOTA, FL 34239 US | Mailing Address 2106 DREW ST 103 CLEARWATER, FL 33765 US |
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04272007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-1782199 | Applied For Not Applicable |
| 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 CATTERTON, DEZRA 2106 DREW ST #103 CLEARWATER, FL 33765 |
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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 transferring) | DATE _____ |
|-----------------|---|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS RYGIEL, ROBIN L 2106 DREW ST #103 CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRESDEN, GARY A. M.D. 2106 DREW ST #103 CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT MILLER, MELINDA R. 2106 DREW ST #103 CLEARWATER, FL 33765 |
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05/18/07-80076-003 150.00

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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.

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|--|---------|-----------------|
| SIGNATURE: <u>Melinda R. Miller</u> V.P. / TREASURER | 4/30/07 | 727-442-0445 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |