

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 552164

1. Entity Name
ALL WOMEN'S HEALTH CENTER OF TAMPA, INC.



Principal Place of Business
3330 W KENNEDY BLVD
TAMPA, FL 33609

Mailing Address
2106 DREW ST
SUITE 103
CLEARWATER, FL 33765 US



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1784120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATTERTON, DEZRA
2106 DREW ST., SUITE 103
CLEARWATER, FL 33765

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DRESDEN, GARY A M.D 2106 DREW ST #103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVT MILLER, MELINDA R 2106 DREW ST #103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPS RYGIEL, ROBIN L. 2106 DREW ST #103 CLEARWATER, FL
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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05/18/07-80074-023 150.00

**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: *Melinda F. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

727-442-0445

Daytime Phone #