

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 617244 (9)

1. Corporation Name

ALL WOMEN'S HEALTH CENTER OF OCALA, INC.

Principal Place of Business

3319 E. SILVER SPRINGS BLVD.
OCALA FL 32670

Mailing Address

3319 E. SILVER SPRINGS BLVD.
OCALA FL 32670



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 34470

Country

25

2a. Mailing Address

26 2106 Drew Street

Suite, Apt. #, etc.

27 103

City & State

28 Clearwater, FL

Zip

29 34625

Country

30 USA

3. Date Incorporated or Qualified

04/12/1979

3a. Date of Last Report

03/23/1995

4. FEI Number

59-1896205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CATTERTON, DEZRA
2106 DREW ST #103
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME RYGIEL, ROBIN
STREET ADDRESS 2106 DREW ST #103
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE

NAME MILLER, MELINDA R
STREET ADDRESS 2106 DREW ST #103
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME DRESDEN, GARY A. M.D.
STREET ADDRESS 2106 DREW ST #103
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME TICKTIN, HAROLD J. M.D.
STREET ADDRESS 2106 DREW ST #103
CITY-ST-ZIP CLEARWATER FL

TITLE V ☐ DELETE

NAME OLSON, KATHLEEN
STREET ADDRESS 2106 DREW ST #103
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Melinda R. Miller TREASURER
Melinda B. Miller

4-30-96 (813)442-0445

Date

Daytime Phone #

CR2E034 (12/95)