

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 659033

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



Principal Place of Business
**4331 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216**

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



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1986408

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-ST-ZIP
**DPS
RYGIEL, ROBIN L
2106 DREW ST #103
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DRESDEN, GARY A MD
2106 DREW ST #103
CLEARWATER, FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000486859
04/13/06-80054-009 150.00

**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 filers empowered.

SIGNATURE: Melinda R Miller V.P./TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 727-442-0445
Date Daytime Phone #