


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 659033</b>	
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
--	---

DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1986408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and then if applicable (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

U000000750725  
05/18/07-80074-022 150.00

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