

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 659033

FILED
Mar 24, 2012
Secretary of State

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

Current Principal Place of Business:

4331 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

2106 DREW ST
SUITE 103
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-1986408 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OWENS, DEZRA
2106 DREW ST
SUITE 103
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: RYGIEL, ROBIN L
Address: 2106 DREW ST #103
City-St-Zip: CLEARWATER, FL 33765 US

Title: D
Name: DRESDEN, GARY A MD
Address: 2106 DREW ST #103
City-St-Zip: CLEARWATER, FL 33765 US

Title: DVT
Name: MILLER, MELINDA R
Address: 2106 DREW ST #103
City-St-Zip: CLEARWATER, FL 33765 US

Title: S
Name: OWENS, DEZRA
Address: 2106 DREW ST #103
City-St-Zip: CLEARWATER, FL 33765 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELINDA R MILLER

DVT

03/24/2012

Electronic Signature of Signing Officer or Director

Date