

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F34193 (5)  
1. Corporation Name  
ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, INC.

Principal Place of Business  
1135 N.W. 23RD AVE., STE. N  
GAINESVILLE FL 32609-3450

Mailing Address  
2106 DREW STREET  
SUITE 103  
CLEARWATER F 34625  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/08/1981

4. FEI Number  
59-2114820  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 33765

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATTERTON, DEZRA  
2106 DREW ST #103  
CLEARWATER FL 34625

81 Name

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

83

84 City

FL 85 Zip Code  
33765

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 text if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

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

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

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

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

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

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

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

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4132198

(913) 442-0445

CR2E034 (10/97)