

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F34193**

1. Entity 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, FL 33765 US**



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2114820**

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 #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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DRESDEN, GARY A. M.D.
STREET ADDRESS	2106 DREW ST #103
CITY - ST - ZIP	CLEARWATER, FL
TITLE	DVT
NAME	MILLER, MELINDA R
STREET ADDRESS	2106 DREW ST #103
CITY - ST - ZIP	CLEARWATER, FL
TITLE	DPS
NAME	RYGIEL, ROBIN L
STREET ADDRESS	2106 DREW ST #103
CITY - ST - ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/13/04-80009-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** Melinda R. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. TREASURER

4/30/04

Date

727-441-0445

Daytime Phone #