

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34193

FILED
Feb 27, 2010
Secretary of State

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

Current Principal Place of Business:

1135 N.W. 23RD AVE.
STE N
GAINESVILLE, FL 32609

New Principal Place of Business:

1135 N.W. 23RD AVE.
STE N
GAINESVILLE, FL 32609 US

Current Mailing Address:

2106 DREW STREET
SUITE 103
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2114820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CATTERTON, DEZRA
2106 DREW ST
STE 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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: DPS
Name: RYGIEL, ROBIN L
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

02/27/2010

Electronic Signature of Signing Officer or Director

Date