


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # G33269
 1. Entity Name
WOMEN'S OBSTETRICAL & GYNECOLOGICAL CENTER OF COUNTRYSIDE, INC.



Principal Place of Business
 28960 US 19 N #110
 CLEARWATER, FL 33761 US

Mailing Address
 2106 DREW ST
 103
 CLEARWATER, FL 33765 US

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2313091 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	RYGIEL, ROBIN L
STREET ADDRESS	2106 DREW ST., STE 103
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	DRESDEN, GARY A MD
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Melinda R. Miller U.P. TREASURER 3/29/06 727-442-0445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #