


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 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
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2313091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS RYGIEL, ROBIN L. 2106 DREW ST., STE 103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRESDEN, GARY A MD 2106 DREW ST #103 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MILLER, MELINDA R. 2106 DREW ST #103 CLEARWATER, FL
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05/18/07-80074-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 507, 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 V.P./TREASURER 4/27/07 727-442-0445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #