2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J48986

1. Entity Name
ABSOLUTE HEALTH CARE FOR WOMEN OF ALL AGES, P.A.

Principal Place of Business	Mailing Address
175 TONEY PENNA BLVD # 201 JUPITER, FL 33458	175 TONEY PENNA BLVD # 201 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

04272005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2748534

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELD, DAIVD
175 TONEY PENNA DR. #201
JUPITER, FL 33458

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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 _____

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, 2005 Fee will be $550.00

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

U00000341702
04/29/05-80026-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	S
NAME	DAVID FELD, M.D.
STREET ADDRESS	210 JUPITER LAKES BLVD.
CITY-ST-ZIP	JUPITER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05   Date

56-747-3777   Daytime Phone #