FILED

2007 OCT 22 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L69076

1. Entity Name
GENESIS WOMEN'S CENTER, P.A.

Principal Place of Business	Mailing Address
800 MEDICAL CT. E. INVERNESS, FL 34452-4612	800 MEDICAL CT. E. INVERNESS, FL 34452-4612

10192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3005831 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROJAS, ARMANDO 800 MEDICAL CT. E. INVERNESS, FL 34452-4612	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROTH, STEVEN A MD 800 MEDICAL CT. E. INVERNESS, FL 344524612	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, S, VP THOMAS R. ANTONY, M.D. 800 MEDICAL CT. E. INVERNESS, FL 34452-4612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROJAS, ARMANDO M.D. 800 MEDICAL CT. E. INVERNESS, FL 344524612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, ASST. SECRETARY CARLOS A. RODRIGUEZ, M.D. 800 MEDICAL CT. E. INVERNESS, FL 34452-4612	☐ Change ☒ Addition
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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: Armando C. Rojas, PRES 10/20/07 352-726-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Armando Rojas, President

10/25/07