2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104877

1. Entity Name
A WOMAN'S TOUCH, P.A.

Principal Place of Business	Mailing Address
1205 SW 42 STREET	1205 SW 42ND ST
OCALA, FL 34474	OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

40021555

02022005   No Chg-P   CR2E034 (10/03)

4. FEI Number   ☐ Applied For
59-3682073   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLE, THOMAS C
2123 NE COACHMAN ROAD STE A
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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 2/21/05

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, SANDRA
STREET ADDRESS	1205 SW 42 STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VP
NAME	BOHNSON, THOMAS
STREET ADDRESS	1205 SW 42ND STREET
CITY-ST-ZIP	OCALA, FL 34474
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.

PRESIDENT

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA MURPHY   2/21/05   (352) 573-4142
Date   Daytime Phone #