


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90114 048 ***150.00

DOCUMENT # P03000069338	
1. Entity Name ABOUT WOMEN, INC.	

Principal Place of Business 4815 FALLING ACORN CIRCLE LAKE MARY FL 32746	Mailing Address 4815 FALLING ACORN CIRCLE LAKE MARY FL 32746
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MOORE CR2E034 (4/04)

2. Principal Place of Business 873 STERTHAUS AVE.	3. Mailing Address 873 STERTHAUS AVE.
Suite, Apt. #, etc. 206 B	Suite, Apt. #, etc. 206 B
City & State ORMOND BEACH FL.	City & State ORMOND BEACH FL.
Zip 32174	Zip 32174
Country U.S.A.	Country U.S.A.

4. FEI Number 56 2372356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, RUPA D 4815 FALLING ACORN CIRCLE LAKE MARY FL 32746	
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7. Name and Address of New Registered Agent	
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 R Patel, M.D. PRESIDENT	DATE 8/20/04

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, RUPA D		NAME PATEL, RUPA D.	
STREET ADDRESS 4815 FALLING ACORN CIRCLE		STREET ADDRESS 500 CROWN LOOP, APT. 124	(NEW ADDRESS)
CITY-ST-ZIP LAKE MARY FL 32746		CITY-ST-ZIP ORMOND BEACH, FL. 32174	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: R Patel, M.D. President	DATE 8/20/04 386-676-0048