

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

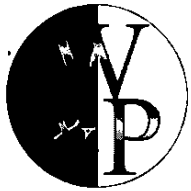
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60014448



01062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000070043</b> 1. Entity Name <b>ALTAMONTE WOMEN'S CENTER, P.A.</b>					
Principal Place of Business <b>C/O WEBSTER &amp; PARTNERS P.L.</b> <b>1936 LEE RD STE 101</b> <b>WINTER PK, FL 32789</b>			Mailing Address <b>C/O WEBSTER &amp; PARTNERS P.L.</b> <b>1936 LEE RD STE 101</b> <b>WINTER PK, FL 32789</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>42-1613076</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>W&amp;P SERVICES, INC.</b> <b>C/O WEBSTER &amp; PARTNERS P.L.</b> <b>1936 LEE RD STE 101</b> <b>WINTER PK, FL 32789</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ASHLEY-GILBERT, ANN M.D. 707 BALLARD ST STE 1000 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JEAN PACE, BILLIE MD 707 BALLARD ST., STE 1000 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>Jan 13, 2006</b> Daytime Phone # _____					



WEBSTER, CHAIRES  
& PARTNERS, P.L.

ATTORNEYS AND BUSINESS CONSULTANTS  
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

60014448

#103000070043

TRADITIONAL LEGAL SERVICES  
COMMON SENSE APPROACH

**Dawn Bachan-Muckunlall**

Paralegal

E-mail: [dmuckunlall@wplawyers.com](mailto:dmuckunlall@wplawyers.com)

February 9, 2006

**Via Certified Mail - RRR**

Uniform Business Report Filings

Division of Corporations

PO Box 1500

Tallahassee, FL 32302-1500

**Re: Altamonte Women's Center, P.A. / 2006 Uniform Business Report**

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced corporation. Also enclosed is check #1417 in the amount of \$150.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall  
Paralegal

Enclosures