2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P03000070043

Entity Name: ALTAMONTE WOMEN'S CENTER, P.A.

Current Principal Place of Business:

450 N WYMORE RD.
WINTER PARK, FL 32789

New Principal Place of Business:

707 BALLARD STREET
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

450 N WYMORE RD.
WINTER PARK, FL 32789

New Mailing Address:

707 BALLARD STREET
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

FEI Number: 42-1613076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMOND, CHAIRES P.L.
283 CRANES ROOST BLVD., SUITE 165
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: ASHLEY-GILBERT, ANN M.D.
Address: 707 BALLARD ST STE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VS ( ) Delete
Name: JEAN PACE, BILLIE MD
Address: 707 BALLARD ST., STE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN A. ASHLEY-GILBERT, M.D. DPT 04/09/2008

Electronic Signature of Signing Officer or Director — Date