# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2011**
**Secretary of State**

DOCUMENT# P03000070043

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

**Current Principal Place of Business:**

707 BALLARD STREET
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

707 BALLARD STREET
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANN ASHLEY-GILBERT, MD DPT 04/21/2011

Electronic Signature of Signing Officer or Director — Date