

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000116675</b> 1. Entity Name <b>PERRY WOMEN'S CENTER, P.A.</b>					
Principal Place of Business <b>1702 S JEFFERSON ST PERRY, FL 32348</b>		Mailing Address <b>PO BOX 177 PERRY, FL 32348</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 13163</b> Suite, Apt. #, etc.			
City & State <b>FL</b>		City & State <b>FL</b>		4. FEI Number <b>56-2405449</b>	
Zip <b>32317</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PERRIN, ANTHONY T 311 E ASH ST PERRY, FL 32347</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1702 S. JEFFERSON ST.</b> City <b>Perry</b> <b>FL</b> Zip Code <b>32348</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP PERRIN, ANTHONY T 311 E ASH ST PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1702 S. JEFFERSON ST PERRY, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERRIN, SALLY 311 E ASH ST PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1702 S. JEFFERSON ST PERRY, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERRIN, GAIL 311 E ASH ST PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1702 S. JEFFERSON ST PERRY, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BACHELOR, INGRID 311 E ASH ST PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1702 S. JEFFERSON ST PERRY, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRIN, ANN MARIE 311 EAST ASH ST. PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1702 S. JEFFERSON ST. PERRY, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600053933476 05/06/05--01008--005 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

05 APR 25 PM 4:11

SECRETARY OF STATE



04252005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32348

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
PERRIN, ANTHONY T  
311 E ASH ST  
PERRY, FL 32347

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
PERRIN, SALLY  
311 E ASH ST  
PERRY, FL 32347

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
PERRIN, GAIL  
311 E ASH ST  
PERRY, FL 32347

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS  
BACHELOR, INGRID  
311 E ASH ST  
PERRY, FL 32347

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
PERRIN, ANN MARIE  
311 EAST ASH ST.  
PERRY, FL 32347

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1702 S. JEFFERSON ST  
PERRY, FL 32348

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1702 S. JEFFERSON ST.  
PERRY, FL 32348

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1702 S. JEFFERSON ST.  
PERRY, FL 32348

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1702 S. JEFFERSON ST.  
PERRY, FL 32348

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1702 S. JEFFERSON ST.  
PERRY, FL 32348

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600053933476  
05/06/05--01008--005 \*\*150.00

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 (850) 496-0325