

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 046 ***158.75

DOCUMENT # P04000095664					
1. Entity Name TOTAL WOMAN HEALTHCARE, P.A.					
Principal Place of Business 885 SEDALIA ST SUITE 100 OCOEE, FL 34761			Mailing Address 330 GOLFBROOK CIRCLE SUITE 204 LONGWOOD, FL 32779		
2. Principal Place of Business		3. Mailing Address 885 SEDALIA ST. STE 100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCOEE, FL		4. FEI Number 20-1216290	
Zip OCOEE		Zip 34761		Country ORANGE	
6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name: JEFFREY R. KOREN Street Address (P.O. Box Number is Not Acceptable): 2650 SHIREHALL LANE City: WINTER GARDEN FL Zip Code: 34787	
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		JEFFREY R. KOREN, PRES		3-14-05	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOREN, JEFFREY R M.D. 1500 WEST POPLAR AVENUE SUITE 203 COLLIERVILLE, TN 38017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOREN, JEFFREY R. 2650 SHIREHALL LANE WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		JEFFREY R. KOREN, PRES 3-14-05 (407) 294-2994			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	