

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101301

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** DRESS GYNECOLOGY & ASSOCIATES, P.A.

**Current Principal Place of Business:**

131 E REDSTONE AVE - STE 108  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

131 EAST REDSTONE AVENUE  
SUITE 108  
CRESTVIEW, FL 32539

**Current Mailing Address:**

131 E REDSTONE AVE - STE 108  
CRESTVIEW, FL 32539

**New Mailing Address:**

131 EAST REDSTONE AVENUE  
SUITE 108  
CRESTVIEW, FL 32539

**FEI Number:** 20-5319786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELMICH, KEVIN M ESQ  
4481 LEGENDARY DR  
STE 200  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 US

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: KEVIN M. HELMICH

01/19/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRESS, AMY F  
Address: 307 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DRESS, AMY F  
Address: 307 COUNTRY CLUB ROAD  
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY F. DRESS

PSTD

01/19/2007

Electronic Signature of Signing Officer or Director

Date