

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008510

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

**Entity Name:** WOMEN'S HEALTHCARE OF ORLANDO, P.A.

**Current Principal Place of Business:**

3701 AVALON PARK WEST BLVD., STE 230  
ORLANDO, FL 32828

**New Principal Place of Business:**

3701 AVALON PARK WEST BLVD.  
SUITE # 230  
ORLANDO, FL 32828

**Current Mailing Address:**

P.O. BOX 781444  
ORLANDO, FL 328781444

**New Mailing Address:**

P.O. BOX 781444  
ORLANDO, FL 328781444 US

**FEI Number:** 27-1814864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE BRAND LAW FIRM, P.A.  
2816 E. ROBINSON STREET  
ORLANDO, FL 32803 US

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

DUNN, INGRID P MD  
3701 AVALON PARK WEST BLVD.  
SUITE # 230  
ORLANDO, FL 32828 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: INGRID P. DUNN, MD

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUNN, INGRID P  
Address: 3701 AVALON PARK WEST BLVD. STE # 230  
City-St-Zip: ORLANDO, FL 32828

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: INGRID P. DUNN, MD

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date