

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90137 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000057417

1. Corporation Name

ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.



Principal Place of Business

Mailing Address

2106 DREW STREET SUITE 103  
 CLEARWATER FL 33765

2106 DREW STREET SUITE 103  
 CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

2. Principal Place of Business

2a. Mailing Address

21 431 Maitland Avenue

26

4. FEI Number

59-3525602

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Altamonte Springs, FL

28

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country

29 Zip Country

32701 USA

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELANO, DEZRA  
 2106 DREW STREET SUITE 103  
 CLEARWATER FL 33765

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESDEN, GARY	1.2 NAME	
STREET ADDRESS	2106 DREW STREET SUITE 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICKTIN, HAROLD	2.2 NAME	
STREET ADDRESS	2106 DREW STREET SUITE 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Rygiel, Robin L.
STREET ADDRESS		3.3 STREET ADDRESS	2106 Drew Street, Suite 103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Miller, Melinda R.
STREET ADDRESS		4.3 STREET ADDRESS	2106 Drew Street, Suite 103
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melinda R. Miller MELINDA R. MILLER V.P./TREAS

4/30/99

727/442-0445

CR2E034 (11/98)