


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000057417

1. Entity Name
ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.



Principal Place of Business
431 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
2106 DREW STREET SUITE 103
CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3525602

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELANO, DEZRA
2106 DREW STREET SUITE 103
CLEARWATER, FL 33765

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRESDEN, GARY
STREET ADDRESS	2106 DREW STREET SUITE 103
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	DPS
NAME	RYGIEL, ROBIN L
STREET ADDRESS	2106 DREW STREET SUITE 103
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	DVT
NAME	MILLER, MELINDA R
STREET ADDRESS	2106 DREW STREET SUITE 103
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Melinda R Miller, VP/TREASURER 4/30/04 727-442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #