


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 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



01072005 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: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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:

100000176868
01/11/05-80014-006 150.00

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IN THIS SPACE**

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 MELINDA R. MILLER 1/7/05 727-442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #