


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057417
 1. Entity Name
ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.



Principal Place of Business Mailing Address
431 MAITLAND AVENUE 2106 DREW STREET SUITE 103
ALTAMONTE SPRINGS, FL 32701 US CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3525602 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
DELANO, DEZRA
2106 DREW STREET SUITE 103
CLEARWATER, FL 33765

DO NOT WRITE 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, 2006 Fee will be \$550.00

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

U00000477373
 04/06/06-80038-019 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRESDEN, GARY 2106 DREW STREET SUITE 103 CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS RYGIEL, ROBIN L 2106 DREW STREET SUITE 103 CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT MILLER, MELINDA R 2106 DREW STREET SUITE 103 CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, V.P./TREASURER 3/17/06 727442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #