


FILED
Jun 22, 2007 8:00 am
Secretary of State

05-11-2007 90034 047 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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		
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 _____ DATE _____ <small>Signature is that of person named in block 6. If not applicable, (NOTE: Registered agent's signature not required when filing report)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
DO NOT WRITE IN THIS SPACE		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRESDEN, GARY 2106 DREW STREET SUITE 103 CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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		
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: <i>Melinda R. Miller</i> VP, TREASURER		Date: 5/31/07 727-442-0443
<small>SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>

66019703



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3525602 Applied For Not Applicable

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