

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
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



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	

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 VP, Treasurer 3/20/08 727-442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #