

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057417

FILED  
Apr 28, 2009  
Secretary of State

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

## Current Principal Place of Business:

431 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

## Current Mailing Address:

2106 DREW STREET SUITE 103  
CLEARWATER, FL 33765

## New Mailing Address:

2106 DREW STREET  
STE 103  
CLEARWATER, FL 33765

FEI Number: 59-3525602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DELANO, DEZRA  
2106 DREW STREET  
STE 103  
CLEARWATER, FL 33765 US

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.

SIGNATURE: DEZRA DELANO

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DRESDEN, GARY  
Address: 2106 DREW STREET SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

Title: DPS ( ) Delete  
Name: RYGIEL, ROBIN L  
Address: 2106 DREW STREET SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

Title: DVT ( ) Delete  
Name: MILLER, MELINDA R  
Address: 2106 DREW STREET SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DRESDEN, GARY A MD  
Address: 2106 DREW STREET SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA R. MILLER

DVT

04/28/2009

Electronic Signature of Signing Officer or Director

Date