

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057417

**FILED**  
**Feb 27, 2010**  
**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  
STE 103  
CLEARWATER, FL 33765

**New Mailing Address:**

**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  
STE 103  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DRESDEN, GARY A MD  
**Address:** 2106 DREW STREET SUITE 103  
**City-St-Zip:** CLEARWATER, FL 33765

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

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

I hereby 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 all other like empowered.

SIGNATURE: MELINDA R MILLER

DVT

02/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date