

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057417

FILED
Mar 29, 2011
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:

OWENS, 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 OWENS

03/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DP
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

Title: S
Name: OWENS, DEZRA
Address: 2106 DREW STREET SUITE 103
City-St-Zip: CLEARWATER, FL 33765 US

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

03/29/2011

Electronic Signature of Signing Officer or Director

Date