2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36948

City-St-Zip: MIAMI, FL 33133

Entity Name: A MEDICAL OFFICE FOR WOMEN, INC.

FILED Jan 13, 2009 Secretary of State

Current F	Principal Place	e of Business:	New Principal Place	New Principal Place of Business:	
909 N MIAMI BEACH BLVD N MIAMI BEACH, FL 33162			SUITE 402	909 N MIAMI BEACH BLVD SUITE 402 N MIAMI BEACH, FL 33162	
Current Mailing Address:			,	New Mailing Address:	
3250 S DI MIAMI, FL			-		
FEI Numbe	r: 65-0340565	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
ROSENT 3250 S DI MIAMI, FL		₹			
	e named entity te of Florida.	submits this statement for the բ	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	IRE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D (ROSENTHAL, I 3250 S DIXIE I		Title: Name: Address:	() Change () Addition	

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: M. ROSENTHAL DIR 01/13/2009