

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36948

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** A MEDICAL OFFICE FOR WOMEN, INC.

**Current Principal Place of Business:**

909 N MIAMI BEACH BLVD  
SUITE 402  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

909 N MIAMI BEACH BLVD  
SUITE 402  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

3250 S DIXIE HWY  
MIAMI, FL 33133 US

**New Mailing Address:**

3250 SOUTH DIXIE HWY  
MIAMI, FL 33133 US

**FEI Number:** 65-0340565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENTHAL, VLADIMIR  
3250 S DIXIE HWY  
MIAMI, FL 33133 US

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

ROSENTHAL, VLADIMIR  
3250 SOUTH DIXIE HWY  
MIAMI, FL 33133 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:

03/31/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSENTHAL, MIRA  
Address: 3250 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33133 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: MIRA ROSENTHAL

D

03/31/2010

Electronic Signature of Signing Officer or Director

Date