## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V44810

FILED Apr 07, 2009 Secretary of State

Entity Name: WOMEN'S MEDICAL PAVILION, P.A.

Current Principal Place of Business:		New Principal Place of Business:		
501 S.W. SUITE 2 1 IIAMI, FL				
Current Mailing Address:		New Mailing Address:		
6 JOHN N 500 S.W. 11AMI, FL	75TH AVE.			
El Number	65-0340249	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
IRBY, JC	HN M.			
11AMI, FL	75TH AVE. 33155 US			
IIAMI, FL he above	33155 US	ubmits this statement for the μ	ourpose of changing its registere	ed office or registered agent, or both,
IIAMI, FL he above	named entity se of Florida.	,		ed office or registered agent, or both,
flAMI, FL the above	named entity se of Florida.	ubmits this statement for the place in the place is stated and the place is stated and the place is the place is stated and the place is the place i		ed office or registered agent, or both,  Date
IIAMI, FL he above i the State	named entity set of Florida.  RE:  Electron	,		
MAMI, FL The above the State GNATUI  Rection Car	named entity set of Florida.  RE:  Electron	ic Signature of Registered Ago	ent	
MIAMI, FL the above the State GNATUI  Ilection Car  DFFICER: title: ame: ddress:	named entity see of Florida.  RE: Electron  Inpaign Financing  B AND DIRECT  DP () FOX, SUSAN,	ic Signature of Registered Agr Trust Fund Contribution ( ).  FORS:  Delete  AVENUE-SUITE 211	ent	Date
IIAMI, FL The above The State IGNATUI	named entity see of Florida.  RE: Electron  Inpaign Financing  S AND DIRECT  DP () FOX, SUSAN, 8501 S.W. 12 4 MIAMI, FL 3318	ic Signature of Registered Agr Trust Fund Contribution ( ).  FORS:  Delete  AVENUE-SUITE 211  33  Delete  VE.	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: JOHN KIRBY ST 04/07/2009