PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90098 020 ***150.00

DOCUMENT # **V57137**

1. Corporation Name

ALL AROLLT WOMEN'S HEALTH, INC.

ALL ADOUT WOMEN	o nenem mo						
Principal Place of Business		Mailing Address				THE I DISH SIDE DI	EN BIBLI IBBI
·		721 US HWY 1			1		
721 US HWY 1 SUITE 109		SUITE 109					
N. PALM BAECH FL 33408 N. PALM BEACH FL 33408					DO NOT WRITE IN THI	S SPACE	
US	Į	US			3. Date Incorporated or Qualifed		}
					08/10/1992		
2. Principal Place of Business	-2	2a. Mailing Address			4. FÉI Number		olied For
21	20				65-0370477	 	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	1
22	2						
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 i Added to	• 1
23	21	B Zip	Countr	n.	Trust Fund Contribution		71663
·	Country	~	_	у	 This corporation owes the current year I Personal Property Tax. 		□No I
24 25	Address of Current Reg		<u> </u>		10. Name and Address of New Registere		
9. Name and	Address of Current Ref	Jistered Agent	8	1 Name	ID. Italio and places		
NELSON, MARYALI	OF.						
721 US HWY 1			82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 109			8:	3			
N. PALM BEACH FL 33408		Ľ					
			84	4 City	F	85 Zip C	ode
dd. Dismissant to the provisions	of Costiana 607 0502 one	LEOT 1508 Florida Statutes	the abou	ve-named com	poration submits this statement for the nurpose	of changing its	registered
office or registered agent,	or both, in the State of Flo	orida. Such change was aut	norized by	y the corporati	ion's board of directors. I hereby accept the app	ointment as reg	istered
agent. I am familiar with, a	nd accept the obligations	of, Section 607.0505, Florid	la Statute	s.	4/20/06	· · ·	
SIGNATURE /	ited name of registered agent and t	U ANOTE: B	naistered An	ant along the require	ed when reinstating) DATE		\
Signature, typed of pric	OFFICERS AND DI		13.	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Davtime Phone #