

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 551533

**Entity Name:** ALL WOMEN'S HEALTH CENTER OF SARASOTA, INC.

**Current Principal Place of Business:**

2700 SOUTH TAMiami TRAIL  
STE - 5  
SARASOTA, FL 34239

**FILED**  
**Apr 11, 2023**  
**Secretary of State**  
**9016680420CC**

**Current Mailing Address:**

2106 DREW ST  
STE 103  
CLEARWATER, FL 33765 US

**FEI Number:** 59-1782199

**Certificate of Status Desired:** No

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

OWENS, DEZRA  
2106 DREW ST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           D  
Name           DRESDEN, GARY A MD  
Address        2106 DREW ST #103  
City-State-Zip: CLEARWATER FL 33765

Title           DVT  
Name           MILLER, MELINDA R  
Address        2106 DREW ST #103  
City-State-Zip: CLEARWATER FL 33765

Title           S  
Name           OWENS, DEZRA  
Address        2106 DREW ST #103  
City-State-Zip: CLEARWATER FL 33765

Title           ASST. SECRETARY  
Name           DRESDEN, DARA RAYNE  
Address        2106 DREW ST  
                  STE 103  
City-State-Zip: CLEARWATER FL 33765

Title           PD  
Name           MYERS, SANDRA  
Address        2106 DREW ST #103  
City-State-Zip: CLEARWATER FL 33765

*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 MILLER

**VP/TREASURER**

**04/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date