

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 597535

**Entity Name:** ALL ABOUT WOMEN, OB-GYN, CHTD.

**Current Principal Place of Business:**

70 DOCTORS DR  
PANAMA CITY, FL 32405

**Current Mailing Address:**

70 DOCTORS DR  
PANAMA CITY, FL 32405 US

**FEI Number: 59-1867313**

**Certificate of Status Desired:** No

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

SMITH, STEPHEN GM.D.  
70 DOCTORS DRIVE  
PANAMA CITY, FL LP, FL 32405 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 P  
Name SMITH, STEPHEN G  
Address 70 DOCTORS DR.  
City-State-Zip: PANAMA CITY FL 32405

Title VP  
Name PERCY, TRICIA M  
Address 70 DOCTORS DRIVE  
City-State-Zip: PANAMA CITY FL 32405

*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: STEPHEN G. SMITH**

**PRESIDENT**

**04/13/2015**

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

\_\_\_\_\_  
Date