

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34193

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

Current Principal Place of Business:

1135 N.W. 23RD AVE.
STE N
GAINESVILLE, FL 32609

Current Mailing Address:

2106 DREW STREET
SUITE 103
CLEARWATER, FL 33765 US

FEI Number: 59-2114820

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

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

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

Title ASST. SECRETARY
Name DRESDEN, DARA RAYNE
Address 2106 DREW STREET
SUITE 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: DEZRA OWENS

SECRETARY

04/02/2025

Electronic Signature of Signing Officer/Director Detail

Date