2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2020
Secretary of State
7477819268CC

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	DIRECTOR, PRESIDENT
Name	RYGIEL, ROBIN L
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

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 R MILLER VP/TREASURER 03/25/2020

Electronic Signature of Signing Officer/Director Detail — Date