

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016214

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC6445819207**

**Entity Name:** CRYSTAL RIVER WOMEN'S HEALTH CENTER, PA

**Current Principal Place of Business:**

6151 N. SUNCOAST BLVD.  
SUITE 1 C  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

6151 N. SUNCOAST BLVD.  
SUITE 1 C  
CRYSTAL RIVER, FL 34428 US

**FEI Number:** 04-3603112

**Certificate of Status Desired:** No

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

SOBEL, PETER JVP  
6151 N. SUNCOAST BLVD.  
SUITE 1 C  
CRYSTAL RIVER, FL 34428 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            PRES  
Name            SOBEL, ROSE MPRES.  
Address        6151 N. SUNCOAST BLVD., SUITE 1 C  
  
City-State-Zip: CRYSTAL RIVER FL 34428

Title            VP  
Name            SOBEL, PETER JVP  
Address        6151 N. SUNCOAST BLVD., SUITE 1 C  
  
City-State-Zip: CRYSTAL RIVER FL 34428

*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:** PETER SOBEL

VP

03/04/2016

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

\_\_\_\_\_  
Date