

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016214

**FILED  
Apr 04, 2019  
Secretary of State  
7038387351CC**

**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:**

FORD, JERRY  
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	Title	VP
Name	SOBEL, ROSE MPRES.	Name	FORD, JERRY L
Address	6151 N. SUNCOAST BLVD., SUITE 1 C	Address	6151 N. SUNCOAST BLVD., SUITE 1 C
City-State-Zip:	CRYSTAL RIVER FL 34428	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: JERRY FORD**

**VICE PRESIDENT**

**04/04/2019**

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

\_\_\_\_\_  
Date