

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000149261

Entity Name: ALL WOMEN'S HEALTHCARE, INC.

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US

FEI Number: 42-1612456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT, DIRECTOR

Name DROZDOW, GILBERT

Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322

Title VP, TREASURER

Name GULMI, CLAIRE

Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322

Title VP, SECRETARY, DIRECTOR

Name MARCUS, JILLIAN

Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322

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: JILLIAN MARCUS

VP

10/14/2016

Electronic Signature of Signing Officer/Director Detail

Date