

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000149261

**Entity Name:** ALL WOMEN'S HEALTHCARE, INC.

**Current Principal Place of Business:**

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

**Current Mailing Address:**

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

**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        1613 NORTH HARRISON PARKWAY  
                  SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title            VP, TREASURER  
Name            GULMI, CLAIRE  
Address        1613 NORTH HARRISON PARKWAY  
                  SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title            VP, SECRETARY, DIRECTOR  
Name            MARCUS, JILLIAN  
Address        1613 NORTH HARRISON PARKWAY  
                  SUITE 200  
City-State-Zip: SUNRISE FL 33323

*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

**SECRETARY**

**04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date