

2015 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 TREASURER
Name GULMI, CLAIRE
Address 1613 NORTH HARRISON PARKWAY
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title 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

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date