

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000149261

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

**Current Principal Place of Business:**

20 BURTON HILLS BOULEVARD  
SUITE 300  
NASHVILLE, TN 37215

**Current Mailing Address:**

20 BURTON HILLS BOULEVARD  
SUITE 300  
NASHVILLE, TN 37215 US

**FEI Number:** 42-1612456

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            OWEN, JASON  
Address        20 BURTON HILLS BOULEVARD  
                 SUITE 300  
City-State-Zip: NASHVILLE TN 37215

Title            TREASURER  
Name            BRUFF, J. MICHAEL  
Address        20 BURTON HILLS BOULEVARD  
                 SUITE 300  
City-State-Zip: NASHVILLE TN 37215

Title            SECRETARY  
Name            ANDREANO, DOMINIC  
Address        20 BURTON HILLS BOULEVARD  
                 SUITE 300  
City-State-Zip: NASHVILLE TN 37215

Title            VP  
Name            MUSSO, MATTHEW  
Address        20 BURTON HILLS BOULEVARD  
                 SUITE 300  
City-State-Zip: NASHVILLE TN 37215

*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: DOMINIC ANDREANO**

**SECRETARY**

**03/21/2025**

Electronic Signature of Signing Officer/Director Detail

Date