

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000509

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

**Current Principal Place of Business:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215 US

**FEI Number:** 45-0530996

**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            CHAUNG MD, CHAN-CHOU  
Address        1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title            TREASURER  
Name            CHARPENTIER, JASON  
Address        1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title            SENIOR VICE PRESIDENT AND  
SECRETARY  
Name            MOORE, ILENE  
Address        1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title            VP  
Name            MUSSO, MATTHEW  
Address        1A BURTON HILLS BOULEVARD  
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:** ILENE MOORE

**SECRETARY**

**04/21/2022**

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

\_\_\_\_\_ Date