



Form Revision Date 07/2016

## ANNUAL REPORT

*(Required by Section 911, Act 284, Public Act of 1972)*

The identification number assigned by the Bureau is: 800985640

Annual Report Filing Year: 2021

1. The name of the corporation:

SCOTSDALE WOMEN'S CENTER, P.C.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: ROBERT EGAN

2. Street Address: 19305 W SEVEN MILE RD

Apt/Suite/Other:

City: DETROIT

State: MI

Zip Code: 48219

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 19305 W 7 MILE ROAD

Apt/Suite/Other:

City: DETROIT

State: MI

Zip Code: 48219

4. Provide the name(s) and address(es) of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	ROBERT EGAN	19305 W 7 MILE ROAD, DETROIT, MI 48219 USA
TREASURER	ROBERT EGAN	19305 W 7 MILE ROAD, DETROIT, MI 48219 USA
SECRETARY	ROBERT EGAN	19305 W 7 MILE ROAD, DETROIT, MI 48219 USA
DIRECTOR	ROBERT EGAN	19305 W 7 MILE ROAD, DETROIT, MI 48219 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:

FAMILY PLANNING

Section 911(1)(f), Act 284, P.A. of 1972, as amended, requires that the annual report shall list the names and addresses of all shareholders.

The corporation certifies that each shareholder is a licensed person in one or more of the professional services provided by the professional corporation and that the corporation meets the other requirements of chapter 2A.

6. The name(s) and address(es) of all shareholders:

Name	Residence Or Business Address
ROBERT EGAN	19305 W 7 MILE ROAD DETROIT, MI 48219 USA

This document must be signed by an authorized officer or agent:

Signed this 30th Day of January, 2021 by:

Signature	Title	Title if "Other" was selected
ROBERT EGAN	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2021 ANNUAL REPORT

***for***

SCOTSDALE WOMEN'S CENTER, P.C.

***ID Number:*** 800985640

***received by electronic transmission on*** January 30, 2021 ***, is hereby endorsed.***

***Filed on*** January 30, 2021 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 30th day of January, 2021.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***