FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N19432

WOMEN'S DIAGNOSTIC CENTER OF BETHESDA, INC.

Principal Place of Business 54 N.F. FOURTH AVENUE

Mailing Address

54 N.E. FOURTH AVENUE

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90052 037 ****61.25



DELRAY BEAC		DELRAY BEACH FL 33483					
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 02/26/1987		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		lied For
22		27			59-2771779		Applicable
City & State		City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23		28					
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 M Added to	
24			30		10. Name and Address of New Registered		rees
	9. Name and Address of Current	Registered Agent	81	Name	10. Maine and Address of Man Kealstered	Agent	
l	·		"	1			
STRAWN,		•	82	Street Add	fress (P.O. Box Number is Not Acceptable)		
54 N.E. FC	OURTH AVENUE		83				
DELRAY E	BEACH FL 33483		100	'		•	
	•		84	1 City	FL	85 Zip Co	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the abov	/e-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing its regi	egistered stered
office or r	egistered agent, or both, in the State 0 m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 617.0503, Florid	tnorized by da Statute:	y une corporau s.	ion's board of directors. I hereby accept the appear	inition to rog.	J.D. GG
SIGNATURE					•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		ent signature requir	ed when reinstating) DATE	D DIDE 0700	C IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	S	☐ DELETE	1.1 TITLE			Change	Addition
NAME	STRAWN, JOEL T		1.2 NAME	-			
STREET ADDRESS	54 N.E. 4TH AVE		1,3 STREE	ET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL 33438		1.4 CITY-1	ST-ZIP			
TITLE	PD	☐ DELETE 2.				Change	☐ Addition
NAME	HILL, ROBERT B.		2.2 NAME				
STREET ADDRESS	2815 S. SEACREST BLVD.		2.3 STREE	ET AODRESS			
CITY-ST-ZIP	BOYNTON BEACH FL	يود د مسيي دهاد د د	2.14 CITY-	ST-ZIP ~	. <u> </u>	<u></u>	
TITLE	VTD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	TAYLOR, ROBERT B., JR.		3.2 NAME	:			
STREET ADDRESS	2815 S. SEACREST BLVD.		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL	•	3.4, CITY-	ST-ZIP			
TITLE	D	DELETE	4.1 TTLE			Change	Addition
NAME	PELTZIE, KENNETH	•	4. 2 NAME	<u> </u>			
STREET ADDRESS	2815 S.SEACREST BLVD.		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH. FL		4.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	KIRK, ROGER L		5.2 NAME	: [
STREET ADDRESS	2815 S. SEACREST BLVD	,	5.3 STREI	ET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435		5.4 CITY-	ST-ZIP	``·		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	<u> </u>			
STREET ADDRESS			6.3 STRE	ET ADDRESS	•		
CITY OF TIP			6,4 CITY-	ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

REQUIRBOBERT B. TAYLOR, JR. 3/24/99