

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58759 (9)**

1. Corporation Name

SOUTH FLORIDA WOMEN'S CENTER, P.A.



Principal Place of Business

Mailing Address

9981 HEALTH PARK CIRCLE
SUITE 159
FT MYERS FL 33908

9981 HEALTH PARK CIRCLE
SUITE 159
FT MYERS FL 33908

2. Principal Place of Business

2a. Mailing Address

21 15250 S. US Hwy 41

26 15250 S. US Hwy 41

22 Unit C-1

27 Unit C-1

23 FORT MYERS FL

28 FORT MYERS FL

24 Zip 38908

Country LEE

29 Zip 33908

30 Country LEE

3. Date Incorporated or Qualified
06/11/1991

3a. Date of Last Report
03/27/1995

4. FEI Number

65-0292131

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LOMANO, JACK M
9981 HEALTH PARK CIRCLE
SUITE 159
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name Lomano Jack M
82 Street Address (P.O. Box Number is Not Acceptable)
15250 S US Hwy 41
83 Unit C-1
84 City Fort Myers FL 85 Zip Code 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jack M Lomano

JACK M. LOMANO, MD Pres. 6-10-96

Signature Type: Printed Typed

(If All Registered Agent signatories required, attach all)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	LOMANO, JACK M	
STREET ADDRESS	9981 HEALTH PARK CIR	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMANO, JACK M	
STREET ADDRESS	9981 HEALTH PARK CIR	
CITY - ST - ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	15250 S US Hwy 41 - Unit C-1
14 CITY - ST - ZIP	FORT MYERS FL 33908
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	15250 S US Hwy 41 - Unit C-1
24 CITY - ST - ZIP	FORT MYERS FL 33908
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

Jack M Lomano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

941-482-0333

CR2E034 (3/96)