

FILED

Apr 29 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra S. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S58759**
 1. Corporation Name
 South Florida Women's Center, PA

Principal Place of Business Mailing Address
 15250 US-41 Suite C-1 15250 US-41 Suite C-1
 Fort Myers, FL 33908 Fort Myers, FL 33908

2. Principal Place of Business 2a. Mailing Address
 21 State Apt #, etc 26 State Apt #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report
 6-11-91 4/96

4. FEI Number Applied For
 65-0292131 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

8. Name and Address of Current Registered Agent
 Jack Lomano
 15250 US-41 Suite C-1
 Fort Myers, FL 33908

19. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 86 Zip Code

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 or 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 _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	Jack Lomano		
15250 US-41 Suite C-1	15250 US-41 Suite C-1	13 STREET ADDRESS	14 CITY-ST- ZIP
Fort Myers, FL 33908	Fort Myers, FL 33908	21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY-ST- ZIP
		31 TITLE	32 NAME
		33 STREET ADDRESS	34 CITY-ST- ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST- ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST- ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST- ZIP

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4/29/97

14. I solemnly certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)