

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000092552

1. Corporation Name

ORLANDO WOMENS DIAGNOSTIC CENTER, INC.

Principal Place of Business

Mailing Address

**1340 PALMETTO AVENUE
WINTER PARK, FL 32789**

**1340 PALMETTO AVENUE
WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/22/94

2. Principal Place of Business

2a. Mailing Address

21 1340 PALMETTO AVENUE

26 1340 PALMETTO AVENUE

4. FEI Number

Applied For

58-3284336

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 WINTER PARK, FLORIDA

28 WINTER PARK, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32789

25 ORANGE

29 32789

30 ORANGE

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANFORD KAPLAN
610 N. MILLS AVENUE, #214
ORLANDO, FL 32803**

81 Name

TED S. FINKEL

82 Street Address (P.O. Box Number is Not Acceptable)

1340 PALMETTO AVE.

83

84 City

WINTER PARK

FL

85 Zip Code
32789

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

Jeffrey S. Mesquita

04/30/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PRESIDENT/DIRECTOR/SECRETARY
JEFFREY S. MESQUITA
100 GALLERIA PARKWAY, # 1055
ATLANTA, GA 30339**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
**PRESIDENT/DIRECTOR/SECRETARY
JEFFREY S. MESQUITA
200 GALLERIA PARKWAY, #140
ATLANTA, GA 30339** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CHAIRMAN/DIRECTOR
TED S. FINKEL
610 N. MILLS AVE #214
ORLANDO, FL 32804**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
**CHAIRMAN/DIRECTOR
TED S. FINKEL
1340 PALMETTO AVENUE
WINTER PARK, FL 32789** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CHAIRMAN/DIRECTOR
TED S. FINKEL
610 N. MILLS AVE #214
ORLANDO, FL 32804**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
**CHAIRMAN/DIRECTOR
TED S. FINKEL
1340 PALMETTO AVENUE
WINTER PARK, FL 32789** ☐ Change ☐ Addition

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WINTER PARK, FL 32789** ☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

Jeffrey S. Mesquita
JEFFREY S. MESQUITA, PRES.

05/10/95

(407) 644-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER