

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY -1 PH 2:45

DOCUMENT # 528321 (3)

1. Corporation Name  
WOMEN'S COMMUNITY HEALTH CENTER, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <i>12000</i> 12000 BISCAYNE BLVD. NORTH MIAMI FL 33181	Mailing Address <i>12000</i> 12000 BISCAYNE BLVD. NORTH MIAMI FL 33181
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

3. Date Incorporated or Qualified 02/17/1977	3a. Date of Last Report 08/08/1994
-------------------------------------------------	---------------------------------------

2. Principal Place of Business 21 <i>92 DARTING AVE.</i>	2a. Mailing Address 26 <i>12000 Biscayne Blvd.</i>
Suite, Apt. #, etc. 22 <i>-</i>	Suite, Apt. #, etc. 27 <i>Suite 705</i>
City & State 23 <i>So Portland, Me.</i>	City & State 28 <i>North Miami Fl.</i>
Zip 24 <i>04106</i>	Country 25 <i>Cumberland</i>
Zip 29 <i>33181</i>	Country 30 <i>INDC</i>

4. FEI Number 01-0350402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEIGHT, PAUL 12000 BISCAYNE BLVD. Suite 705 NORTH MIAMI FL 33181				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_  
Signatures: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHT, PAUL	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. Suite 705	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33181	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHT, PAUL	2.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. Suite 705	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33181	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Paul J. Leight* *4/24/95 (305) 891-3895*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE DATE