## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 534446

(0)

WOMEN'S PAVILION OF GREENSBORO, INC.

FILED					
Apr 25 1997 8:00am					
Secretary of State					

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Principal Place of Business Mailing Address				
8950 8, DIXIE HWY. #1450 MIAMI FL 33156-2945	8350 S. DIXIE HWY. #1450 Miami Fl 33156-2945 US			
. US			3. Date Incorporated or Qualified 05/20/1977	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3675 SW 24 Stacet	26 3675 SW 24 St	reet	59-1739210	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI FL	28 MIAMI, FL		Trust Fund Contribution	Added to Fees
Žip Country 24 33/45 25 USA	7ip (29) 33,45 (30)	Country US 4	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ] Yes □ □ No
9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Reg	gistered Agent
WEISELBERG, ALAN I.		81 Name	The state of the s	
9350 A. DIXIE HWY, SUITE 1450	3675 SW 24 Street	82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
MIAMI <del>FL-93156-9945</del>	MIAMI FC 33/45	83	,	
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob-	ate of Florida. Such change was author	ized by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered		tered Agent signature require		DATE
12. OFFICERS A	AND DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12

■ DELETE TITLE 1.1 1111.6 Change Addition WEISELBERG, ALAN 1.2 NAME 3675 Sw 24 street 9350 S DIXIE HWY #1450 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 C(1Y+S1+2)P MIAHI, FL 33145 DELFTE TITLE 2.1 1111.6 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CH1Y - \$1 - ZIP DELFTE ☐ Change Addition TITLE 3.1 1/11/16 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-7IP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation on the receiver of 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 atjachment with an address.