

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **538164** (5)

1. Corporation Name
FARIDA GHOGHAWALA, M.D., F.A.C.O.G., P.A.



Principal Place of Business: **1805 CORAL CIRCLE N. FT. MYERS FL 33903**
Mailing Address: **1805 CORAL CIRCLE N. FT. MYERS FL 33903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1977	3a. Date of Last Report 02/02/1995
21	3722 CENTRAL AVE Suite, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-1750139	Applied For Not Applicable
22	Suite 1 City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	FORT MYERS FL	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33903 Country Lee	29	Zip Lee Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GHOGHAWALA, FARIDA 1805 CORAL CIRCLE N. FT. MYERS FL 33903				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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		13.			
TITLE	PDS	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GHOGHAWALA, FARIDA	1.2 NAME			
STREET ADDRESS	1805 CORAL CIRCLE	1.3 STREET ADDRESS			
CITY, ST, ZIP	N. FT. MYERS FL	1.4 CITY - ST - ZIP			
TITLE	D	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GHOGHAWALA FARIDA	2.2 NAME			
STREET ADDRESS	1805 CORAL CIRCLE	2.3 STREET ADDRESS			
CITY, ST, ZIP	NORTH FT. MYERS FL	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 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. 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: *Farida Ghoghawala* **FARIDA GHOGHAWALA** 2/12/96 844 939-7111

CR2E034 (12/95)