

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90048 038 \*\*\*150.00

**DOCUMENT # 597644**

1. Corporation Name

**VENICE WOMEN'S HEALTH CENTER, INC.**

Principal Place of Business

**21178 OLEAN BLVD. C  
PORT CHARLOTTE FL 33952  
US**

Mailing Address

**21178 OLEAN BLVD. C  
PORT CHARLOTTE FL 33952  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/18/1978**

4. FEI Number

**59-1969493**

Applied For

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**AZIMA, SALLY W.  
21178 OLEAN BLVD, #C  
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

**81** Name

**ALI A. AZIMA, M.D.**

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

**21178 OLEAN BLVD #C**

**83**

**84** City

**Port Charlotte**

**FL**

**85** Zip Code

**33952**

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

**ALI A. AZIMA, M.D.**

**3-2-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**PTD** ☒ DELETE  
**NAME** **AZIMA, SALLY W**  
**STREET ADDRESS** **21178 OLEAN BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE, FL 00000**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☒ Change ☐ Addition  
**1.2 NAME** **ALI A. AZIMA, M.D.**  
**1.3 STREET ADDRESS** **21178 OLEAN BLVD #C**  
**1.4 CITY-ST-ZIP** **PORT CHARLOTTE, FL 33952**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I 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 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, with all other like empowered.

SIGNATURE:

**ALI A. AZIMA, M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)