


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 597644 1. Entity Name VENICE WOMEN'S HEALTH CENTER, INC.	
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Principal Place of Business 21178 OLEAN BLVD, C PORT CHARLOTTE, FL 33952 US	Mailing Address 21178 OLEAN BLVD, C PORT CHARLOTTE, FL 33952 US
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07042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1969493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AZIMA, ALI A M.D.
21178 OLEAN BLVD, #C
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000164824 07/09/04-80005-008 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AZIMA, ALI A M.D. 21178 OLEAN BLVD. PORT CHARLOTTE, FL 33952
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Ali A. M.D. 7/6/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #