

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90085 010 ***150.00

DOCUMENT # 600648

1. Corporation Name

WEST BROWARD WOMEN'S CENTER, P.A.

Principal Place of Business
333 NW 70 AVENUE, SUITE 120
PLANTATION FL 33317

Mailing Address
333 NW 70 AVENUE, SUITE 120
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1968

4. FEI Number

64-0471804

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.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

RINELLA, JOHN L.
333 NW 70 AVENUE #120
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

Warren M. Greenberg, M.D.

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

333 NW 70th Avenue, Suite #120

83

84 City

Plantation,

FL

85 Zip Code

33317

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RINELLA, JOHN L.
4900 W. BROWARD BLVD.
PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HUDANICH, R
9420 N.W. 10TH ST.
PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
GREENBERG, WARREN M.
6000 S.W. 17TH STREET
PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
RALPH, JONATHAN
1250 S.E. 2 ST
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
SIJIN, ODALIS
7400 SW 5TH STREET
PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BURTON H DANOFF, M.D.
424 HENDRICKS ISLE
FT LAUDERDALE FL 33301

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0299535