FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **647644** **(4)**

1. Corporation Name

SUMMIT WOMEN'S CENTER, INC.

Principal Place of Business	Mailing Address
21D 1776 E. SUNRISE BLVD., S-200 FT. LAUDERDALE FL 33304	21D 1776 E. SUNRISE BLVD., S-200 FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **12/07/1979**
3a. Date of Last Report: **10/05/1995**

2. Principal Place of Business — 21: Street Address, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Street Address, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: **59-1959421** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒x **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, MALCOLM M.
1776 EAST SUNRISE BOULEVARD
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Mitchell Cohen — (Must be Registered Agent's signature if registered agent is changing) — DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODSTADT, RICHARD		1.2 NAME	
STREET ADDRESS	30 OAKWOOD CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSLYN NY 11576		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, MALCOLM		2.2 NAME	
STREET ADDRESS	1776 E. SUNRISE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, MITCHELL		3.2 NAME	
STREET ADDRESS	1776 E SUNRISE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME			4.2 NAME	V ANDREW COHEN
STREET ADDRESS			4.3 STREET ADDRESS	1776 EAST SUNRISE BLVD
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100001719151 -02/20/96--01058--000
STREET ADDRESS			5.3 STREET ADDRESS	***208.75
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Mitchell Cohen — MITCHELL COHEN, SECRETARY 1/22/96 (954) 763-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

01-22-96

CR2E034 (12/95)