

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 11 1997 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 728993 (7)**  
 1. Corporation Name  
**THE GAINESVILLE WOMEN'S HEALTH CENTER, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>720 NW 23RD AVE<br/>GAINESVILLE, FL 32609</b> | Mailing Address<br><b>720 NW 23RD AVE<br/>GAINESVILLE, FL 32609</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |                               |
|--|-------------------------------|
| <b>21</b> 2. Principal Place of Business | <b>26</b> 2a. Mailing Address |
| Suite, Apt. #, etc.                      | Suite, Apt. #, etc.           |
| <b>22</b> City & State                   | <b>27</b> City & State        |
| <b>23</b> Zip                            | <b>28</b> Zip                 |
| <b>24</b> Country                        | <b>30</b> Country             |

|  |   |
|--|---|
| <b>3.</b> Date Incorporated or Qualified<br><b>03/05/1974</b>  | <b>3a.</b> Date of Last Report<br><b>04/03/1996</b> |
| <b>4.</b> FEI Number<br><b>59-1518291</b>  | Applied For<br>Not Applicable                       |
| <b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>               |
| <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                  |
| <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

**9. Name and Address of Current Registered Agent**

**LASSITER, PATRICIA D.**  
**2822 NW 22ND STREET**  
**720 NW 23RD AVE**  
**GAINESVILLE FL 32609**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> Zip Code   |

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PALMER, ABIGAIL</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>STAR ROUTE BOX 600</b>                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WALDO FL</b>                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LASSITER, PATRICIA</b>                 | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2822 NW 22ND STREET</b>                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MERCHANT, ERICA</b>                    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>20 NW 8TH STREET</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 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                      | <input type="checkbox"/> DELETE           | 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                      | <input type="checkbox"/> DELETE           | 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                                       |   |

**100002291971**  
**-09/12/97--01097--007**  
**\*\*\*70.00**

**14.** I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (4/97)