

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F39269** (8)

1. Corporation Name

WOMEN'S HEALTHCARE SPECIALISTS, P.A.



Principal Place of Business

Mailing Address

4302 ALTON ROAD, SUITE 900
MOUNT SINAI MEDICAL OFFICE PAVILION
MIAMI BEACH FL 33140

4302 ALTON ROAD, SUITE 900
MOUNT SINAI MEDICAL OFFICE PAVILION
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
06/03/1981

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-2098111

Applied For
Not Applicable

5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution

\$8.75 Additional Fee Required

\$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

10. Name and Address of New Registered Agent

**CANTOR, BERNARD
4302 ALTON RD.
SUITE 900
MIAMI BEACH FL 33140**

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

Signature type for private limited liability corporation and for partnership

(NOTE: Full Period Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PSD CANTOR, BERNARD**
STREET ADDRESS **4302 ALTON RD, #900**
CITY-ST-ZIP **MIAMI BEACH FL**

11 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 NAME Change Addition

17 STREET ADDRESS Change Addition

18 CITY-ST-ZIP Change Addition

19 CITY-ST-ZIP Change Addition

20 CITY-ST-ZIP Change Addition

21 CITY-ST-ZIP Change Addition

22 CITY-ST-ZIP Change Addition

23 CITY-ST-ZIP Change Addition

24 CITY-ST-ZIP Change Addition

25 CITY-ST-ZIP Change Addition

26 CITY-ST-ZIP Change Addition

27 CITY-ST-ZIP Change Addition

28 CITY-ST-ZIP Change Addition

29 CITY-ST-ZIP Change Addition

30 CITY-ST-ZIP Change Addition

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)(x), 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 in an attachment with an address.

SIGNATURE:

Bernard Cantor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 305.531480

CR2E034 (3/96)