

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005030 (8)
1. Corporation Name
NOVA WOMEN'S SPECIALISTS OF FLORIDA, INC.



Principal Place of Business 3636 NOBEL DR., STE. 200 SAN DIEGO CA 92122	Mailing Address 3636 NOBEL DR., STE. 200 SAN DIEGO CA 92122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-3541419		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP FLAM, SETH M	1.1 TITLE	President/Director
NAME	FLAM, SETH M	1.2 NAME	Stephen J. Dresnick, M.D.
STREET ADDRESS	3636 NOBEL DR., STE. 200	1.3 STREET ADDRESS	5835 Blue Lagoon Drive
CITY-ST-ZIP	SAN DIEGO CA 92122	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	CT LASH, STEVEN M	2.1 TITLE	Director/Treasurer/VP
NAME	LASH, STEVEN M	2.2 NAME	Douglas E. Kerner
STREET ADDRESS	3636 NOBEL DR., STE. 200	2.3 STREET ADDRESS	3636 Nobel Drive, Ste. 200
CITY-ST-ZIP	SAN DIEGO CA 92122	2.4 CITY-ST-ZIP	San Diego, CA 92122
TITLE	DS LEBOVITZ, JAMES A	3.1 TITLE	Director/Secretary/VP
NAME	LEBOVITZ, JAMES A	3.2 NAME	James A. Lebovitz
STREET ADDRESS	3636 NOBEL DR., STE. 200	3.3 STREET ADDRESS	3636 Nobel Drive, Suite 200
CITY-ST-ZIP	SAN DIEGO CA 92122	3.4 CITY-ST-ZIP	San Diego, CA 92122
TITLE	DS LEBOVITZ, JAMES A	4.1 TITLE	
NAME	LEBOVITZ, JAMES A	4.2 NAME	
STREET ADDRESS	3636 NOBEL DR., STE. 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ James A. Lebovitz 4/17/98 (619) 824 8620

CR2E034 (10/97)