FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 13 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **H55085** **(5)**

1. Corporation Name

DIAGNOSTIC CENTERS FOR WOMEN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% BERT SAGER 6129 S.W. 70TH STREET SOUTH MIAMI FL 33143	% BERT SAGER 6129 S.W. 70TH STREET SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: 05/03/1985
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

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

4. FEI Number: 59-2643475 ☐ 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 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
SAGER, BERT 6129 S.W. 70TH STREET MIAMI FL 33143	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	SAGER, BERT	1.2 NAME		
STREET ADDRESS	6129 S.W. 70TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL 33143	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DIRECTOR – V.P.	☐ Change ☐ Addition
NAME	BURNS, FREDRIC B.	2.2 NAME		
STREET ADDRESS	6129 S.W. 70TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL 33143	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	BEZILIAN, ALEX A	3.2 NAME		
STREET ADDRESS	6140 S.W. 70TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL 33143	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	DIRECTOR – SEC'Y	☒ Change ☐ Addition
NAME		4.2 NAME	MARILYN SAGER	
STREET ADDRESS		4.3 STREET ADDRESS	6129 SW 70 ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	DAB	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	2-13	
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)(k), 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: BERT SAGER 1-12-95 (305) 661-5055
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone Number

0183610 CP