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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:32

DOCUMENT # **J28831 (2)**

1. Corporation Name
**SLAYDEN, COZAD & HEMSATH'S WOMAN TO WOMAN CENTER
P.A.**

Principal Place of Business Mailing Address
**9677 SEMINOLE BLVD. 9677 SEMINOLE BLVD.
SEMINOLE FL 34642 SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|-----------------|--------------------------------|-----------------|---|-------------------------|
| 2. Principal Place of Business | | 2b. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 12955 Seminole Blvd | | 26 12955 Seminole Blvd. | | 08/04/1986 | 03/31/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| | | | | 59-2700177 | Not Applicable |
| 23 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Largo, FL | | Largo, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 34648 | Pinellas | 34648 | Pinellas | | |

| | | | | | | | |
|--|--|--|--|---|-----------------------------|----------|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HENDERSON-SLAYDEN, RITA 9677 SEMINOLE BLVD. ST PETERSBURG FL 34642 <i>Address change only</i> | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 12955 Seminole Blvd. | | |
| | | | | 83 | | | |
| | | | | 84 City | Largo | 85 State | FL |

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, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when renouncing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLAYDEN, RITA H. | 1.2 NAME | |
| STREET ADDRESS | 9677 SEMINOLE BLVD. | 1.3 STREET ADDRESS | 12955 Seminole Blvd. |
| CITY - ST - ZIP | SEMINOLE FL | 1.4 CITY - ST - ZIP | Largo, FL 34648 |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COZAD, CATHERINE L | 2.2 NAME | |
| STREET ADDRESS | 9677 SEMINOLE BLVD | 2.3 STREET ADDRESS | 12955 Seminole Blvd. |
| CITY - ST - ZIP | SEMINOLE FL | 2.4 CITY - ST - ZIP | Largo, FL 34648 |
| TITLE | S | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEMSATH, DEBRA F. | 3.2 NAME | |
| STREET ADDRESS | 9677 SEMINOLE BLVD. | 3.3 STREET ADDRESS | 12955 Seminole Blvd. |
| CITY - ST - ZIP | SEMINOLE FL | 3.4 CITY - ST - ZIP | Largo, FL 34648 |
| TITLE | | 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 | | 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 | | 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 | |

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 110.07(3)(k), Florida Statutes. I further certify that the information identified 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:

Rita H. Slayden MD
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR
RITA H. SLAYDEN MD

2/14/95 **813-5841121**
DATE TELEPHONE #