


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90129 023 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J48986**

1. Corporation Name  
**ABSOLUTE HEALTH CARE FOR WOMEN OF ALL AGES, P.A.**



Principal Place of Business 210 JUPITER LAKES BLVD. BLDG. 3000 JUPITER FL 33458	Mailing Address 210 JUPITER LAKES BLVD. BLDG. 3000 JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 12/29/1986	4. FEI Number 59-2748534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIEGEL, VICTOR, M.D. 317 RIDGE ROAD JUPITER FL 33477	10. Name and Address of New Registered Agent 81 Name: <b>Nancy Anna Thornton, M.D.</b> 82 Street Address (P.O. Box Number is Not Acceptable): <b>6519 DONALD ROSS ROAD</b> 83 84 City: <b>PALM BEACH GARDENS FL</b> 85 Zip Code: <b>33418</b>
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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: Nancy Thornton, MD DATE: 4-22-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP <input checked="" type="checkbox"/> DELETE	NAME: SIEGEL, VICTOR, M.D.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 317 RIDGE ROAD	CITY-ST-ZIP: JUPITER FL	1.2 NAME
TITLE: VP <input type="checkbox"/> DELETE	NAME: NANA-THORNTON, MD.	1.3 STREET ADDRESS
STREET ADDRESS: 210 JUPITER LAKES BLVD.	CITY-ST-ZIP: JUPITER FL	1.4 CITY-ST-ZIP
TITLE: S <input type="checkbox"/> DELETE	NAME: DAVID FELD, M.D.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 210 JUPITER LAKES BLVD.	CITY-ST-ZIP: JUPITER FL	2.2 NAME: <b>NANCY</b>
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: BAYER, ANDREA	2.3 STREET ADDRESS
STREET ADDRESS: 210 JUPITER LAKES BLVD.	CITY-ST-ZIP: JUPITER FL	2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Nancy Anna Thornton DATE: 4/8/99 DAYTIME PHONE: 561-747-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)