

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K17672** (2)

1. Corporation Name
MIAMI WOMEN'S HEALTHCENTER, INC.



Principal Place of Business Mailing Address
C/O NORTH SHORE MEDICAL CENTER, INC. **C/O NORTH SHORE MEDICAL CENTER, INC.**
1100 NW 95 ST **1100 NW 95 ST**
MIAMI FL 33150 **MIAMI FL 33150**

3. Date Incorporated or Qualified **03/04/1988** 3a. Date of Last Report **08/08/1995**
4. FEI Number **NOT APPLICABLE** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
~~MACLAUGHLIN STEVEN~~
1100 NW 95TH STREET
C/O NORTH SHORE MEDICAL CTR, INC
MIAMI FL 33150

10. Name and Address of New Registered Agent
81 Name **Peter Loblack**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o North Shore Medical Center, Inc.
83 **1100 N.W. 95th Street**
84 City **Miami** FL 85 Zip Code **33150**

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 607.0105, Florida Statutes.

SIGNATURE: *Peter Loblack* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARDNER, DONALD F. JR | 1.2 NAME | |
| STREET ADDRESS | 1100 NW 95TH STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAFMEISTER, VINCENT | 2.2 NAME | |
| STREET ADDRESS | 1100 NW 95TH STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLEIN, STEVE | 3.2 NAME | |
| STREET ADDRESS | 1100 NW 95TH STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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: *Donald F. Gardner, Jr.* DIRECTOR (305) 835-6188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)