SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED

1 of 2

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98 JUL 29 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # L69076 (2)

1. Corporation Name
GENESIS WOMEN'S CENTER, INC.

Principal Place of Business	Mailing Address
114 W HIGHLAND BLVD INVERNESS FL 32652-4819	114 W HIGHLAND BLVD INVERNESS FL 32652-4819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990

	2. Principal Place of Business	2a. Mailing Address
21/26	800 Medical Ct E	800 Medical Ct E
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	Inverness, FL	Inverness, FL
24/29	Zip: 34452-4612	Zip: 34452-4612
25/30	Country	Country

4. FEI Number: 59-3005831 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HURM, STEPHEN D P.A.
914 E. NORBELL BRYANT HWY
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name: Steven A. Roth, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 800 Medical Ct. E
83
84 City: Inverness FL 85 Zip Code: 34452-4612

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: Steven A. Roth, M.D., President 7-21-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROTH, STEVEN A MD 114 W HIGHLAND BLVD INVERNESS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 800 Medical Ct E Inverness, FL 34452-4612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT BRUNER, PHILIP M 114 W HIGHLAND BLVD INVERNESS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002606907--3 -08/04/98--01049--020 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROJAS, ARMANDO 114 W HIGHLAND BLVD INVERNESS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 800 Medical Ct E Inverness, FL 34452-4612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/98)

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: Steven A. Roth, M.D. 7-21-98 352-726-7667

PRICE & COMPANY, P.A.

Certified Public Accountants
Business & Individual Consulting Services

July 16, 1998

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Genesis Women's Center, Inc.

Gentlemen or Ladies:

We are enclosing the 1998 Profit Corporation Annual Report for the above referenced client with their check for $150. This client moved their office location in 1997 and did not receive the first Annual Report packet sent out in early 1998. My Office Manager spoke to Tom at your Annual Report Division today and he instructed us to have our client send in the 1998 Annual Report as soon as possible with a check for $150 and this letter of explanation.

Please accept this explanation for late filing of the 1998 Corporat Annual Report and waive the late filing fee. Thank you for your consideration in this matter.

Best regards,

Phillip W. Price
Certified Public Accountant

PWP:jah

cc: Genesis Women's Center

753 N. Citrus Avenue
P.O. Box 2290
Crystal River, FL 34423
PH: (352) 795-6118
FAX: (352) 795-1133