

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**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 JUN 15 AM 11:47

DOCUMENT # N94000004033 (6)

1. Corporation Name

COMPREHENSIVE WOMEN'S HEALTH CARE OF CENTRAL FLORIDA, INC.

Principal Place of Business

2323 CURLEW RD.
SUITE 7E
PALM HARBOR FL 34683

Mailing Address

2323 CURLEW RD.
SUITE 7E
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

4. FEI Number

59-3264817

Applied For

Not Applicable

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES J
2323 CURLEW RD.
SUITE 7E
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
MARKO, BRUCE H M.D.
2884 S. OSCEOLA AVE.
ORLANDO FL 32806

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD
MORALES, WALTER J M.D.
100 W. GORE ST., #607
ORLANDO FL 32806

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
LOPEZ, JUAN M.D.
10 S. BUMBY AVE.
ORLANDO FL 32803

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce Marko, M.D., President

6-12-95

Date

Daytime Phone #