FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002992 (4)

1. Corporation Name

ASSOCIATES IN WOMEN'S HEALTHCARE, P.A.

Principal Place of Business	Mailing Address
4101 S. HOSPITAL DR. STE. 12 PLANTATION FL 33317 US	4101 S. HOSPITAL DR. STE. 12 PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 10045 CLEARY BLVD.	26 10045 Cleary Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANTATION FL	28 City & State: Plantation FL
24 Zip: 33324 25 County: BROWARD	29 Zip: 33324 30 County: Broward

4. FEI Number: 65-0381936 ☐ 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

9. Name and Address of Current Registered Agent

SELBST, KENNETH
4101 S. HOSPITAL DR.
STE. 12
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: SELBST, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable): 10045 CLEARY BLVD.
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: X [signature] (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) X DATE: 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	SELBST, KENNETH	12 NAME	SELBST, KENNETH
STREET ADDRESS	4101 S. HOSPITAL DR., STE. 12	13 STREET ADDRESS	10045 CLEARY BLVD.
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	PLANTATION, FL. 33324
TITLE	DST	21 TITLE	DST ☒ Change ☐ Addition
NAME	DANOFF, BURTON	22 NAME	DANOFF, BURTON
STREET ADDRESS	4101 S. HOSPITAL DR., STE. 12	23 STREET ADDRESS	10045 CLEARY BLVD.
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	PLANTATION, FL. 33324
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X Date: 4/26/95 Daytime Phone #

0226302 CP