SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



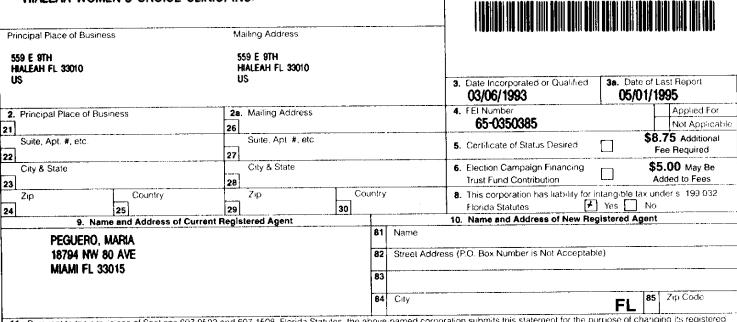
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

P93000017959 (6)

HIALEAH WOMEN'S CHOICE CLINIC, INC.



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		OVOTE 6	lagistered Agent signature require	disharmens madi
12.	Signature, typed or printed name of registered agent and title if applicable (INOTE OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TIFLE	Change Addytion
NAME	PEGUERO, MARIA		1.2 NAME	
STREET ADDRESS	18794 NW 80 AVE		13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		1.4 CITY -ST-ZIP	
TITLE	VTSD	DELETE	2 1 TOTLE	Change Addition
NAME	PEGUERO, FELICITA		2 2 NAME	
STREET ADDRESS	3132 WEST 71 PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015		2 4 CITY - ST - ZIP	
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST- ZIP			3 4 CITY - ST - ZIP	
TITLE		DELETE	4 1 THILE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
CITY-ST-ZIP			4.4 CHTY - ST - ZIP	
TITLE		DELETE	5 TTITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY ST - ZIP			5 4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6 2 NAMÉ	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY - ST - ZIP	16 Control of Section 110 07/37/h) Slovida Statitos I

4. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

MUNOS PRINTED SAME OF SOUND OFFICER OR DIRECTOR

P.D.

8/4/96 (305) 836-9701

CR2E034 (3/96)