

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 # **P93000028425 (5)**

1. Corporation Name

WOMAN TO WOMAN BREAST AND ULTRASOUND CENTER, INC



Principal Place of Business

Mailing Address

6161 S.W. 72ND ST.
SUITE A
MIAMI FL 33143
US

12201 S.W. 6TH ST.
MIAMI FL 33164
US

3. Date Incorporated or Qualified **04/19/1993** 3a. Date of Last Report **04/10/1995**

4. FEI Number **65-0411978** 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 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARGUELLES, JOSE E
12201 SW 6TH ST
MIAMI FL 33164**

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

Signatures typed on printed form of registered agent and director(s) available

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE DELETE
NAME **D ARGUELLES, CARMEN**
STREET ADDRESS **12201 SW 6TH ST**
CITY- ST- ZIP **MIAMI FL 33164**
12.2 TITLE DELETE
NAME **D ARGUELLES, JOSE E**
STREET ADDRESS **12201 SW 6TH ST**
CITY- ST- ZIP **MIAMI FL 33164**
12.3 TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
12.4 TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
12.5 TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.1 1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Carmen Arguelles* **CARMEN ARGUELLES** 2/6/96 (305) 663-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Time Phone #

CR2E034 (12/95)