FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028425

WOMAN TO WOMAN BREAST AND ULTRASQUIND CENTER, INC

Principal Place of Business Mailing Address						C SOURCE OF THE TOTAL SILLS DOSIG COURS BOLL COURS IN	tere (1)		
•									
7406 S.W. 48 S		7406 S.W. 48 STREET							
MIAMI FL 3315	5	MIAMI FL 33155				DO NOT WRITE IN THIS SPACE			
US		US	US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 04/19/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	7	Applied For	
21		26				65-0411978	1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$6	3.75	Additional	
22		27			-	-5Cortiforto of Status Doctrod 1.1" 7 " '		Required	
City & State		City & State				6 Election Campaign Financing \$5.00 May Po			
─ ¬ ′		├ ¬ '	28			1 - 1 - 1 - 1		ito Fees	
		Zip	Zip Country					1	
	<u> </u>	⊢ `		y		8. This corporation owes the current year Intangible Personal Property Tax.		□No	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	129	30	_					
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agen			
ΔRG	UELLES, CARMEN			01	иате			ļ	
	OLLEES, CARMEN		82 Street Ad			Iress (P.O. Box Number is Not Acceptable)			
						·			
MIAN	MI FL 33184			83					
							T	Confo	
				84	City	FL 85	ZIE	Code	
11 Durawant	to the provisions of Sections 607.050	2 and 607 1509 Florida Statut	e the a		-named corno	ration submits this statement for the purpose of change	ling i	s registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	uthorized	l by 1	the corporation	n's board of directors. I hereby accept the appointmen	tası	registered	
CICNATURE	· -							ļ	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF	RECT	ORS IN 12	
TITLE	Р	☐ DÉLETE	1,1 111	ΊE			hange	Addition	
NAME	ARGUELLES, CARMEN		1 2 NA	ME				ł	
	12201 SW 6TH ST				ADDRESS			•	
STREET ADDRESS					}	•			
CITY-ST-ZIP	MIAMI FL 33164	□ DÉLETE	14 CI		-ZIP		hange	Addition	
TITLE		☐ D€LETE	2,1 TI				n lai iyt	. [] (((((((((((((((((((((((((((((((((((
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			2. 4 CI	TY-S1	r-ZIP				
TITLE		☐ DELETE	3.1 TI	LE			hange	Addition	
NAME			3.2 NA	ME				1	
STREET ADDRESS					ADDRESS			{	
			3.4. CI	_				1	
CITY-ST-ZIP		☐ DELETE	4,1 TIT		1-71	По	hange	Addition	
TITLE			- 1			П	·······································		
NAME			4. 2 N						
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 Cl	Y-ST	- ZIP				
TITLE		☐ DELETE	5.1 717	LE		□с	hange	Addition	
NAME			5.2 NA	ME				ł	
STREET ADDRESS			5.3 ST	REET.	ADDRESS			1	
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP				
TITLE		☐ DELETE	6.1 Til				hange	Addition	
		_ = -30,2	6.2 NA	ME	}	_	•	- 1	
NAME				-	ADORESS			1	
CTDETT ADODECC			■ 0.3 S	REEL	ALJUREOU I			I	

6.4 CITY-ST-ZIP

SIGNATURE:

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, with all other like empowered. 1/14/99: (305)663-0860

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90068 048 ***150.00