## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

<ul> <li>Corporation N</li> </ul>	IENT # P930 HEAST WOMEN'S HEALT	00044770 THCARE, INC.		1411 <b>8</b> 5111 <b>8</b> 1811 81811 81611 <del>18</del> 81		
Principal Place of 9900 WEST 5 STE 403		Mailing Address 9900 WEST SAMI STE 403 CORAL SPRINGS		1 (13)(40) 116 10)(40 11)(1 0)(4) 60	1314 BONN BONN BIBN BROWN NOON	
US US	NO2 FL 33063	US SPRINGS	72 3300	<ol> <li>Date Incorporated or Qualified 06/24/1993</li> </ol>	3a. Date of Last Rep 04/26/199	
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0425381		oplied For
Suite Apt #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	Additional
Oily & State		City & State		6. Election Campaign Financing	\$5.00	May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for	intangible tax under s 1	
1	25 Name and Address of Curr	29 rent Registered Agent	30	Florida Statutes Yes  10. Name and Address of New F	No No Registered Agent	
	g, traine and Address of Con	Tent registored Agent	81 Name			
9900 W	er, elihu m Est sample RD			idress (P.O. Box Number is Not Acceptat	ble)	
STE 403 CORAL	3 Springs FL 33065		83   84   City		FL 85 Zip	Code
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Sta	atutes, the above-named corp	poration submits this statement for the pu	irpose of changing its req	poort Lam
or registered familiar with	the provisions of Sections 607.05 diagent, or both, in the State of Fill, and accept the obligations of, So guitary types or printed name of registeric as	iorida. Such change was auth ection 607,0505, Florida Statu	onzed by the corporation's outes.  [NOTE: Rigistered Agent's greature req.	oard of directors. Thereby accept the app	OATE OATE	
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SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-1982