


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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000061460 (0)			
1. Corporation Name: THE SOUTHEASTERN REGIONAL CENTER FOR WOMEN, P.A.			
Principal Place of Business 215 E FAIRPOINT DR GULF BREEZE FL 32561		Mailing Address 215 E FAIRPOINT DR GULF BREEZE FL 32561-4307	
2. Principal Place of Business 21 5 CENTER ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 5 CENTER ROAD Suite, Apt. #, etc.	
22 City & State 23 GULF BREEZE FL		27 City & State 28 GULF BREEZE FL	
24 Zip 32561		29 Zip 32561	
25 Country USA		30 Country USA	
3. Date Incorporated or Qualified 09/02/1993			
3a. Date of Last Report 05/01/1996			
4. FEI Number 59-3199917		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SARASUA, MARTHA M M.D. 215 W FAIRPOINT DR GULF BREEZE FL 32561			
10. Name and Address of New Registered Agent 81 Name SARASUA, MARTHA M M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 5 CENTER ROAD 83 84 City GULF BREEZE FL 85 Zip Code 32561			
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 <i>Martha M. Sarasua</i> DATE 4/4/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I do 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 its 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: <i>Martha M. Sarasua</i> MARTHA SARASUA 4/4/97 (904) 932-7763 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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