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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000061460**

THE SOUTHEASTERN REGIONAL CENTER FOR WOMEN, P.A.

Principal Place	of Rusiness	Mailing Address			i inditions in color such exits one	ili 00119 olisi 11811 olsio i	Mar ad ie 1061
•		3326 LAUREL DR					
3326 LAUREL DR GULF BREEZE FL 32561		GULF BREEZE FL 32561					
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/02/1993		
2. Principal PI	ace of Business	2a. Mailing Address	_		4. FEI Number	Apı	plied For
21		26			<u>59-3199917</u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			Eee Re	quirea	
City & State		City & State		6. Election Campaign Financing	\$5.00	-	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current y		□No
24	25	_1	30		Personal Property Tax.		7140
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent	
SARA	ASUA, MARTHA M M.D.		1011	Name			
	LAUREL DR		82	Street Ac	dress (P.O. Box Number is Not Acceptable)	1	
	F BREEZE FL 32561		-				
GOL	BINEEZE I E OZOO!		83				
			84	City		FL 85 Zip C	Code
11 Dureuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statut	es, the above	-named co	orporation submits this statement for the pur	ose of changing its	registered
office or r	enistered agent, or both, in the State	of Florida. Such change was a	utnonzea by	the corpora	ation's board of directors. I hereby accept the	e appointment as reg	gistered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, FIG	nua Statutes				
SIGNATURE	Classic Annual Consistency of projections of an annual consistency of a	ant and title if analyzable (NOTE	Registered Ager	t signature regi	ulred when reinstating)	DATE	
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·	Registered Ager	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	OFFICERS A	ant and title if applicable (NOTE ND DIRECTORS DELETE		nt signature requ	2,500 11,01.101.22.23,		RS IN 12
12. TITLE	OFFICERS A	ND DIRECTORS	13.	nt signature requ	2,500 11,01.101.22.23,	RS AND DIRECTO	
12. TITLE NAME	OFFICERS A D SARASUA, MARTHA M M.D.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		2,500 11,01.101.22.23,	RS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS A D SARASUA, MARTHA M M.D. 3326 LAUREL DR	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	r address	2,500 11,01.101.22.23,	RS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SARASUA, MARTHA M M.D.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	r address	2,500 11,01.101.22.23,	RS AND DIRECTO	
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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 fustee 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.

SIGNATURE:

CITY-ST-ZIP

HURE KEQUIKED RINTED NAME OF SIGNING OFFICER OR DIRECTOR