

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P94000007326 (9)
1. Corporation Name
WOMEN'S HEALTH CARE SERVICES, INC.

Principal Place of Business
4906 L.B. MCLEOD RD
SUITE F
ORLANDO FL 32811

Mailing Address
P.O. BOX 53-6576
ORLANDO FL 32853-6576

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified
01/19/1994

4. FEI Number
59-3223055

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GRIGGS, STEPHEN P.
4506 L.B. MCLEOD RD
SUITE F
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name	Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hayes Street
83	
84 City	Tallahassee
85 FL	
86 Zip Code	32301

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 and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rozar* Karen B. Rozar, As Its Agent 2-17-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	IRISH, REBECCA R.	
STREET ADDRESS	4506 LB MCLEOD RD., STE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	PASD	<input type="checkbox"/> DELETE
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L.B. MCLEOD RD SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002433010--2	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephen P. Griggs	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Janet L. Ziomek	
3.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
3.4 CITY-ST-ZIP	Orlando, FL 32811	
4.1 TITLE	n.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Novell	
4.3 STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
4.4 CITY-ST-ZIP	Orlando, FL 32811	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marc Kevin	
5.3 STREET ADDRESS	10065 Red Run Blvd.	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Marshall Elkins	
6.3 STREET ADDRESS	10065 Red Run Blvd.	
6.4 CITY-ST-ZIP	Owings Mills, MD 21117	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.07(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.

SIGNATURE: *[Signature]* 1/28/98 407-841-2115

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pzyt

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:44 AM

ORDER NO. : 708230-150

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 11:33
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: WOMEN'S HEALTH CARE SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

JB
2-18-98