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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

CITY-ST-ZIF

P94000012492 (2)

Mailing Address

ALL-WOMEN'S	<b>HEALTH PUBLISHER</b>	S CORP.

817 S. UNIVERSITY DRIVE 817 S. UNIVERSITY DRIVE STE. 101 STE. 101 PLANTATION FL 33324 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 02/11/1994 12/04/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0469338 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zin Country Ζıσ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POY-WING, CELINA, M.D. Street Address (P.O. Box Number is Not Acceptable) 82 817 S. UNIVERSITY DRIVE STE. 101 PLANTATION FL 33324 **B4** City Zip Code 85 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 Signature, typed or printed marrie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstatrig DATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PVD TIBLE □ DELETE 1. 1 TITLE Change Addition POY-WING, CELINA, M.D. NAME CR2E034 1.2 NAME 817 S UNIVERSITY DR #101 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE ☐ Addition 2 1 TITLE Change NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 24 CITY - ST - ZIP TILLE □ DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIP TITLE DELETE 4. 1 TITLE ■ Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE THILE 5. 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-7IP 54 CITY - ST - ZIP DELETE THILE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

Celina Poy-Wing, M.D. 4-22-96 (954)474-2500 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR MACCTOR

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.