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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:22

DOCUMENT # P94000034343 (1)

1. Corporation Name

MONTGOMERY WOMEN'S HEALTH ORGANIZATION, INC.

Principal Place of Business
3990 SHERIDAN STREET, STE. 212
HOLLYWOOD FL 33021

Mailing Address
3990 SHERIDAN STREET, STE. 212
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4401 Sheridan St.

26 4401 Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #105

27 #105

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33021

25 USA

29 33021

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name Mark London

82 Street Address (P.O. Box Number is Not Acceptable)

83 4030-C Sheridan St.

84 City Hollywood

FL

85 Zip Code 33021

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 name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

Mark S. London 1-19-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME YACHNOWITZ, STUART
STREET ADDRESS 3990 SHERIDAN STREET, STE. 212
CITY-ST-ZIP HOLLYWOOD FL 33021

1.1 TITLE PS
1.2 NAME Yachnowitz, Stuart
1.3 STREET ADDRESS 4401 Sheridan St. #105
1.4 CITY-ST-ZIP Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Yachnowitz 1-19-95

(305) 987-6601