## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400049180 (0)

1 Comoration Name

SOUTHEAST WOMEN'S HEALTHCARE, INC. SUBCONTRACTED OB/GYN NETWORK FOR HIP

ncipal Place of Business	Mailing Address		{	#	
9900 W SAMPLE ROAD	9900 W SAMPLE RC	nan			
SUITE 403	SUITE 403	UNU			
CORAL SPRINGS FL 33065	CORAL SPRINGS FL	L 33065	3. Date incorporated or Qualified 07/01/1994	3a. Date of Last Report 04/24/1995	
Principa: Pace of Business	2a. Mailing Address	···	4, FEI Number	Applied For	
	26		65-0513742	Not Applica	
uite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
a. P. Stan	City & State		6. Election Campaign Financing	\$5.00 May Be	
ity & State	28		Trust Fund Contribution	Added to Fees	
(Country	Zip	Country	8. This corporation has liability for i		
25	[29]	30		□ No	
g. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
MACINA, ROBERT P			ress (P.O. Box Number is Not Acceptab		
515 E LAS OLAS BOULEVARD SUITE 1500 FORT LAUDERDALE FL 33301		84 City		FL 85 Zip Code	
Persuarit to the provisions of Sections 607.05 or registered agent, or both, in the State of Flo	lorida. Such change was authori	ized by the corporation's boa	ration submits this statement for the pul ard of directors. I hereby accept the app	pose of changing its registered ointment as registered agent. I a	
familiar vath, and accept the obligations of, Se	ection 607.0505, Florida Statute	98.			
IATURE	neotrarial time diadrola able. IN	NOTE: Registered Agent signature require	ed when reinstating)	DATE.	
Signature, typed all pointed trainic of registered agr		NOTE: Registered Agent signature require	ed when reinstang: ADDITIONS/CHANGES TO OFF		
Signature, typed all pointed trainic of registered agr	Gest and brief applicable IN AND DIRECTORS  DELETE			ICERS AND DIRECTORS IN 12	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 954-344-9982

CR2E034 (12/95)