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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000063598 (4)
1. Corporation Name
WOMEN'S & CHILDREN'S CENTERS OF FLORIDA, INC.

Principal Place of Business
2828 CROASDAILE DRIVE
DURHAM NC 27705

Mailing Address
CHGI
CORPORATE TAX DEPARTMENT
ATTN: TAX DEPT
P.O. BOX 15309
DURHAM NC 27704-0309
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 ONE BOCA PLACE Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/25/1994	05/01/1996
22 2244 GLADES ROAD, SUITE 416 City & State	27 City & State	4. FEI Number	Applied For
23 BOCA RATON, FL Zip Country	28 Zip Country	56-1888615	Not Applicable
24 33431 25 USA 29	30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BIRCH, WALTER 2400 E. COMMERCIAL BLVD., STE J315 FT. LAUDERDALE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HARDISTER, SHAWN 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST PULLIAM, SHERRY 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	AS SNEDEKER, ANGELA M. 2828 CROASDAILE DR. DURHAM NC	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		15 TITLE	P/D BAUER, ANNETTE 2400 EAST COMMERCIAL BLVD, SUITE 1100 FT. LAUDERDALE, FL 33308
NAME		16 NAME	VP/T DICKERSON, W. RANDALL 2828 CROASDAILE DRIVE DURHAM, NC 27705
STREET ADDRESS		17 STREET ADDRESS	
CITY-ST-ZIP		18 CITY-ST-ZIP	

14. I do 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 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: *Angela M. Sneider* ANGELA M. SNEDEKER 4-25-97 (919) 383-0355

CR2E034 (9/96)