
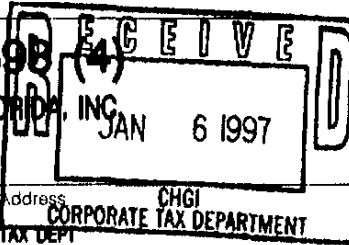


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 21 ONE BOCA PLACE Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/25/1994		3a. Date of Last Report 05/01/1996	
22 2244 GLADES ROAD, SUITE 416 City & State		27 City & State		4. FEI Number 56-1888615		Applied For <input type="checkbox"/> Not Applicable	
23 BOCA RATON, FL Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 33431		25 USA		29 Zip		30 Country	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			

81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City		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	<input checked="" type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIRCH, WALTER			12 NAME			
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE J315			13 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			14 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDISTER, SHAWN			2.2 NAME			
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PULLIAM, SHERRY			3.2 NAME			
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNEDEKER, ANGELA M.			4.2 NAME			
STREET ADDRESS	2828 CROASDAILE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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. Snedeker ANGELA M. SNEDEKER 4-25-97 (919) 383-0355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)