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95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000071366 (6)
1. Corporation Name
WOMEN'S DIAGNOSTIC CENTER OF SARASOTA, INC.

Principal Place of Business Mailing Address
1819 MAIN STREET, SUITE 610 SARASOTA FL 34236 **1819 MAIN STREET, SUITE 610 SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report
4. FEI Number 65-0523189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

NORTON, SAM D
1819 MAIN STREET, SUITE 610
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature (typed or printed name of registered agent and fee applicator) DATE (Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS

TITLE	Director
NAME	G. Michael Swor
STREET ADDRESS	434 S. Washington Avenue, #2
CITY, ST, ZIP	Sarasota, FL 34236
TITLE	Director/President/Secretary
NAME	James Stuart
STREET ADDRESS	434 S. Washington Avenue, #2
CITY, ST, ZIP	Sarasota, FL 34236
TITLE	Director/Vice-Pres/Treasurer
NAME	Chris J. Norcia
STREET ADDRESS	434 S. Washington Avenue, #2
CITY, ST, ZIP	Sarasota, FL 34236
TITLE	Director
NAME	Sam D. Norton
STREET ADDRESS	1819 Main Street, Suite 610
CITY, ST, ZIP	Sarasota, FL 34236
TITLE	Director
NAME	Vincent G. Stenger
STREET ADDRESS	1801 Arlington Street
CITY, ST, ZIP	Sarasota, FL 34239
TITLE	Director
NAME	Gordon Nidifer
STREET ADDRESS	1801 Arlington Street
CITY, ST, ZIP	Sarasota, FL 34239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 in an addendum with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR