

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 APR 16 PM 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071366 (6)

1. Corporation Name
WOMEN'S DIAGNOSTIC CENTER OF SARASOTA, INC.

Principal Place of Business: 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236
Mailing Address: 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236 *AG-AR CM*

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0523189
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1801 Arlington St, 22 Suite, Apt. #, etc., 23 Sarasota FL, 24 Zip 34239, 25 Country USA
2a. Mailing Address: 26 1801 Arlington St, 27 Suite, Apt. #, etc., 28 Sarasota FL, 29 Zip 34239, 30 Country USA

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

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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|------------------------------------|---|--|
| TITLE: D | NAME: SWOR, G. MICHAEL <i>BLVD</i> | 1.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 434 S. WASHINGTON AVENUE, #2 | CITY-ST-ZIP: SARASOTA FL | 1.2 NAME: | |
| TITLE: DPS | NAME: STUART, JAMES <i>BLVD</i> | 1.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 434 S. WASHINGTON AVENUE, #2 | CITY-ST-ZIP: SARASOTA FL | 1.4 CITY-ST-ZIP: | |
| TITLE: DVPT | NAME: NORCIA, CHRIS J. <i>BLVD</i> | 2.1 TITLE: | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 434 S. WASHINGTON AVENUE, #2 | CITY-ST-ZIP: SARASOTA FL | 2.2 NAME: | |
| TITLE: D | NAME: NORTON, SAM D. <i>SUITE</i> | 2.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 1819 MAIN STREET, SUITE 610 | CITY-ST-ZIP: SARASOTA FL | 2.4 CITY-ST-ZIP: | |
| TITLE: D | NAME: STENGER, VINCENT G. | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 1801 ARLINGTON STREET | CITY-ST-ZIP: SARASOTA FL | 3.2 NAME: | |
| TITLE: D | NAME: NIDIFER, GORDON | 3.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 1801 ARLINGTON STREET | CITY-ST-ZIP: SARASOTA FL | 3.4 CITY-ST-ZIP: | |

VP TREAS
Gilmire, Bonnie S.
434 S. WASHINGTON Blvd Ste 2
SARASOTA FL 34236

\$208.75 was deposited by bank on 4-16-96.

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 119.07(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

4-25-96
DATE: _____ DAY: _____ PHONE: _____

CR2E034 (12/95)