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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State .

DIVISION OF CORPORATIONS

1996

P94000071366 (6) DOCUMENT #
1. Corporation Name

WOMEN'S DIAGNOSTIC CENTER OF SARASOTA, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



| 1819 MAIN STREET. SUITE 610 SARASOTA FL 34236  Mailing Address  1819 MAIN STREE SARASOTA FL 34236  SARASOTA FL 34236  Mailing Address  1819 MAIN STREE SARASOTA FL 34236   |   |  | T. SUITE 610 QG QL   |  | A STATE OF THE STATE OF THE STATE OF THE STATE STATE |   |
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|  |   |  |  | C 1  | Date Incorporated or Qualified     09/28/1994  | 3a. Date of Last Report 05/01/1995  |
|  | Action Land   | 2a. Mailing Address  |  |  | 4. FEI Number  | Applied For   |
| Suite, Apt.  | Arlington St  | 26   |  |  | 65-0523189   | Not Applicable  |
|  |   | Suite, Apt. #, etc   | ****   |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| Sara   | sorly th  | Oity & State   |  |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees  |
| Zip 342  | 39 25 U.SA  | Zip<br><b>29</b>   | Country<br>30  |  | 8. This corporation has liability for in Florida Statutes Yes  | tang ble tax under s 199.032,   |
| · · · · · · · · · · · · · · · · · · ·  | 9. Name and Address of Currer   | nt Registered Agent  |  |  | 10. Name and Address of New Re   |   |
| MODTO  | N 0444 B  |  | 81   | Name   |  |   |
| Norton, Sam D<br>1819 Main Street, Suite 610   |   |  | 82 Street Add  |  | dress (P.O. Box Number is Not Acceptable)  |   |
| SARASC   | )TA FL 34236  |  | 83   |  |  |   |
|  |   |  | 64   | City   |  | El 85 Zip Code  |
| GNATURE  | n, and accept the obligations of Sect<br>Bundline typed or philled have of regularist agent   |  | Jide Fegeteral Agents  | signature majura   | New sections and   | CASE  |
|  | OFFICE OF ANI   | D. DIEDS COLCUENCE   |  |  |  |   |
|  | OFFICERS AND  | D DIRECTORS  | 13.  |  | ADDITIONS/CHANGES TO OFFIC   |   |
| LE   | D CHIOD O MICHAEL   | DELFIE   | 1 1 TITLE  |  |  |   |
| LE *   | D<br>SWOR, G. MICHAEL A.J   | ☐ DELETE   | 1 1 TITLE<br>12 NAME   |  |  |   |
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| LE ME<br>ME<br>MEET ADDRESS<br>Y-ST-ZIP  | D<br>SWOR, G. MICHAEL BL<br>434 S. WASHINGTON AVEN<br>SARASOTA FL<br>DPS  | ☐ DELETE   | 1 1 TITLE<br>12 NAME<br>13 STREET AL<br>14 CHY ST-   | DORESS   |  | ☐ Change ☐ Addition   |
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SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR