FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:11

DOCUMENT # P94000083076 (7)

1. Corporation Name
THE WOMEN'S HEALTH CENTER GROUP INCORPORATED

Principal Place of Business	Mailing Address
417 WEST CARLTON STREET WAUCHULA FL 33873	417 WEST CARLTON STREET WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1994	3a. Date of Last Report: N/A
4. FEI Number: 59-3298486	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: enclosed ☒	$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	2a. Mailing Address
21 —	26 —
Suite, Apt. #, etc.: 22 —	Suite, Apt. #, etc.: 27 —
City & State: 23 —	City & State: 28 —
Zip: 24 — Country: 25 —	Zip: 29 — Country: 30 —

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANYAKORA, SONIA T 417 WEST CARLTON STREET WAUCHULA FL 33873	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ANYAKORA, PETER A III	12 NAME	
STREET ADDRESS	4502 MERCADO DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ANYAKORA, BEVERLY U III	22 NAME	
STREET ADDRESS	4502 MERCADO DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	ANYAKORA, SONIA T	32 NAME	
STREET ADDRESS	4502 MERCADO DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	OSUNO, GRACE	42 NAME	
STREET ADDRESS	2771 TURQUOISE AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA 33872	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ANYAKORA, PETER N	52 NAME	
STREET ADDRESS	2771 TURQUOISE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA 33872	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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 changed, or on an attachment with an address.

SIGNATURE: Sonia T Anyakora SONIA T. ANYAKORA 02/28/95 (813) 773 0099
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0317048 CP