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**APPROVED
AND
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95 MAY -1 AM 11:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000092552

1. Corporation Name

ORLANDO WOMENS DIAGNOSTIC CENTER, INC.

Principal Place of Business

Mailing Address

**1340 PALMETTO AVENUE
WINTER PARK, FL 32789**

**1340 PALMETTO AVENUE
WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/94** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1340 PALMETTO AVENUE**

26 **1340 PALMETTO AVENUE**

4. FEI Number

58-3284336

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **WINTER PARK, FLORIDA**

City & State

28 **WINTER PARK, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 **32789**

25 **ORANGE**

Zip

Country

29 **32789**

30 **ORANGE**

6. This corporation has liability for alternative tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SANFORD KAPLAN
610 N. MILLS AVENUE, #214
ORLANDO, FL 32803**

10. Name and Address of New Registered Agent

B1 Name **TED S. FINKEL**
B2 Street Address (P.O. Box Number is Not Acceptable) **1340 PALMETTO AVE.**
B3
B4 City **WINTER PARK** FL B5 Zip Code **32789**

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

Ted S. Finkel

04/30/95

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT/DIRECTOR/SECRETARY**
NAME **JEFFREY S. MESQUITA**
STREET ADDRESS **100 GALLERIA PARKWAY, # 1055**
CITY, ST, ZIP **ATLANTA, GA 30339**

11 TITLE Change Addition
12 NAME **PRESIDENT/DIRECTOR/SECRETARY**
13 STREET ADDRESS **JEFFREY S. MESQUITA**
14 CITY, ST, ZIP **200 GALLERIA PARKWAY, #140**
ATLANTA, GA 30339 Change Addition

TITLE **CHAIRMAN/DIRECTOR**
NAME **TED S. FINKEL**
STREET ADDRESS **610 N. MILLS AVE #214**
CITY, ST, ZIP **ORLANDO, FL 32804**

21 TITLE Change Addition
22 NAME **CHAIRMAN/DIRECTOR**
23 STREET ADDRESS **TED S. FINKEL**
24 CITY, ST, ZIP **1340 PALMETTO AVENUE**
WINTER PARK, FL 32789 Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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******200.00 ****200.00**

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 of this filing, or of an attachment with an address.

SIGNATURE:

Jeffrey S. Mesquita
JEFFREY S. MESQUITA, PRES.

05/10/95 (407) 644-1262

(Signature, typed or printed name of signing officer or director)

Title

Phone Number