

**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

DOCUMENT # **P94000092552 (6)**

1. Corporation Name  
**ORLANDO WOMENS DIAGNOSTIC CENTER, INC.**



Principal Place of Business: **1340 PALMETTO AVE. WINTER PARK FL 32789**  
Mailing Address: **1340 PALMETTO AVE. WINTER PARK FL 32789**

3. Date Incorporated or Qualified <b>12/20/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>58-3284336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

**FINKEL, TED S  
1340 PALMETTO AVE.  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

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 state if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MESQUITA, JEFFREY S	
STREET ADDRESS	200 GALLERIA PKW. STE. 140	
CITY - ST - ZIP	ATLANTA GA 30339	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FINKEL, TED S	
STREET ADDRESS	1340 PALMETTO AVE.	
	WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mesquita, Jeffrey S.
1.3 STREET ADDRESS	1340 Palmetto Avenue
1.4 CITY - ST - ZIP	Winter Park FL 32792

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; that 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 any statement with an address.

SIGNATURE: *[Signature]* DATE: **3/27/96** **487-644-1262**  
Signature typed or printed name of signing officer or director. Date.

CR2E034 (12/95)