

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000022889 (6)

1. Corporation Name

WOMEN'S HEALTH REALTY, INC.



Principal Place of Business

4977 RIVER POINT RD.  
JACKSONVILLE FL 32207

Mailing Address

4977 RIVER POINT RD.  
JACKSONVILLE FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

4. FET Number

59-3309793

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

FLANDERS, ROBERT L  
4977 RIVER POINT RD.  
JACKSONVILLE FL 32207

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

(Signature, typed or printed name of registered agent and, if applicable, agent for service of process)

(Typed or Printed Name of Registered Agent and, if applicable, agent for service of process)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FLANDERS, ROBERT L  
STREET ADDRESS 4977 RIVER POINT RD.  
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE  
NAME FLANDERS, CYNTHIA H  
STREET ADDRESS 4977 RIVER POINT RD.  
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE  
NAME JONES, JAMES L  
STREET ADDRESS 6770 STRAWBERRY LANE  
CITY- ST- ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE  
NAME HOLMES, KAY F  
STREET ADDRESS 6770 STRAWBERRY LANE  
CITY- ST- ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE  
NAME SWIETNICKI, JOHN F  
STREET ADDRESS 1829 AVONDALE CIRCLE  
CITY- ST- ZIP JACKSONVILLE FL 32205

TITLE D ☐ DELETE  
NAME SWIETNICKI, SUZANNE R  
STREET ADDRESS 1829 AVONDALE CIRCLE  
CITY- ST- ZIP JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME ROBERT L. Flanders  
1.3 STREET ADDRESS 4977 River Pt. Rd.  
1.4 CITY- ST- ZIP Jacksonville, FL 32207

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
4.2 NAME HOLMES, KAY F.  
4.3 STREET ADDRESS 6770 STRAWBERRY LN.  
4.4 CITY- ST- ZIP JACKSONVILLE, FL 32211

5.1 TITLE Vice Chairman ☐ Change ☒ Addition  
5.2 NAME Swietnicki, John F.  
5.3 STREET ADDRESS 1829 Avondale Cir.  
5.4 CITY- ST- ZIP Jacksonville, FL 32205

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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: Robert L. Flanders  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 14, 96 904-396-6047  
Date Registered Agent Printed Name

CR2E034 (12/95)