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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
4977 RIVER POINT RD. JACKSONVILLE FL 32207	4977 RIVER POINT RD. JACKSONVILLE FL 32207-2119

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21: 1829 AVONDALE CIRCLE
Suite, Apt. #, etc. 22:
City & State 23: JACKSONVILLE, FL
Zip 24: 32205-9106 Country 25:

2a. Mailing Address
26: 1829 AVONDALE CIRCLE
Suite, Apt. #, etc. 27:
City & State 28: JACKSONVILLE, FL
Zip 29: 32205-9106 Country 30:

4. FEI 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: JOHN F. SWIETNICKI
82 Street Address (P.O. Box Number is Not Acceptable): 1829 AVONDALE CIRCLE
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32205

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] 2/9/97
Signature of the new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLANDERS, ROBERT L		1.2 NAME		
STREET ADDRESS	4977 RIVER POINT RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLANDERS, CYNTHIA H		2.2 NAME		
STREET ADDRESS	4977 RIVER POINT RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JAMES L		3.2 NAME		
STREET ADDRESS	6770 STRAWBERRY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, KAY F		4.2 NAME		
STREET ADDRESS	6770 STRAWBERRY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWIETNICKI, JOHN F		5.2 NAME		
STREET ADDRESS	1829 AVONDALE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SWIETNICKI, SUZANNE R		6.2 NAME		
STREET ADDRESS	1829 AVONDALE CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2-24-97 904 584 7607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031956