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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000037226**1. Corporation Name

WOMEN'S WELLNESS CENTER, INC.

Principal Plac	ce of Business	Mailing Address		·		BABB GALL IRBID ÎLDIC	L CARRAN MORT LAND
6577 SUPERIO SARASOTA FL		6577 SUPERIOR AVENUE SARASOTA FL 34231			DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 05/08/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0577143	, No	t Applicable
Suite, Apt.	· '	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
. City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23 Zip	Country	. 28 Zip	Country 8			E Added to	o Fees .
24	25	29 30	_ `		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register	1 1	140
	The state of the s		81	Name		1 3	
ASK	INS, ROLAND V JR	· .	82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)		
	7 SUPERIOR AVENUE	•	02	Street Au	**************************************	eria de la compania del compania del compania de la compania del compania del compania de la compania del c	* * * * * * * * * * * * * * * * * * *
SAH	ASOTA FL 34231		83				
4			84	City		85 Žip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its	registered
	registered agent, or both, in the State of	Clarida Cush shansa waa sudh					_:_:_
agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a	ons of, Section 607.0505, Florida	a Statutes			pointment as reg	gistered
agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes			4	
agent. I a SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes		ired when reinstating) (2) DATE ADDITIONS/CHANGES TO OFFICERS	4	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND P ASKINS, ROLAND V	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re DIRECTORS	gistered Agen		ired when reinstating) (5/27) DATE	AND DIRECTO	RS IN 12
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90027 029 ***150.00