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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000063447 (3)

1. Corporation Name

CENTER FOR WOMEN'S HEALTH, INC.



Principal Place of Business

Mailing Address

577 SOUTH SIXTH STREET  
MACLENNY FL 32063

577 SOUTH SIXTH STREET  
MACLENNY FL 32063

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

CLARK, M. DIANE  
577 SOUTH SIXTH STREET  
MACLENNY FL 32063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 Margaret Diane Clark

(NOTE: Registered Agent signature required when registering)

DATE

5/06/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President / owner  
NAME Margaret Diane Clark  
STREET ADDRESS 577 South Sixth ST  
CITY-STATE-ZIP Macleenny, FL, 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

2. TITLE  
2. NAME  
2. STREET ADDRESS  
2. CITY-STATE-ZIP

3. TITLE  
3. NAME  
3. STREET ADDRESS  
3. CITY-STATE-ZIP

4. TITLE  
4. NAME  
4. STREET ADDRESS  
4. CITY-STATE-ZIP

5. TITLE  
5. NAME  
5. STREET ADDRESS  
5. CITY-STATE-ZIP

6. TITLE  
6. NAME  
6. STREET ADDRESS  
6. CITY-STATE-ZIP

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-05/20/96--01068--021  
\*\*\*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 if changed, or on an attachment with an address.

SIGNATURE M. Diane Clark (M. Diane Clark) 4/26/96 (94)259-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)