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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000097056 (2)

1. Corporation Name

SOUTH FLORIDA WOMEN'S CARE AFFILIATES, INC.



Principal Place of Business

21110 BISCAYNE BLVD., SUITE 100  
AVENTURA FL 33180

Mailing Address

21110 BISCAYNE BLVD., SUITE 100  
AVENTURA FL 33180

3. Date Incorporated or Qualified  
12/26/1995

3a. Date of Last Report

2. Principal Place of Business

21 16190 NE 11 CT.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State  
N. Miami Beach, FL

27 City & State

24 Zip 33160 25 Country USA

29 Zip 30 Country

4. FEI Number

☒ 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

MURDOCK, CHRISTINE  
21110 BISCAYNE BLVD., SUITE 100  
AVENTURA FL 33180

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

Christine Murdock

(NOTE: Registered Agent signature required when resigning)

3/8/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STERN, BERNARD  
STREET ADDRESS 10061 E. BROADVIEW DR.  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ DELETE

TITLE SD  
NAME GROSS, STUART  
STREET ADDRESS 1355 N.E. 171 ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ DELETE

TITLE TD  
NAME BLAKE, THOMAS  
STREET ADDRESS 1548 S.W. 151 AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)