FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040034 (6)

REPRODUCTIVE HEALTH ASSOCIATES, P.A.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		f imblicate ine iffeie bible aditt saint effett a	Ditt Giāte Båter Båteå trerr ålåt i båt
\$304 E LONGBOAT BLVD	5304 E LONGBOAT BLVD			
TAMPA FL 33615	TAMPA FL 33615		DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualified	
			05/09/1996	
2. Principal Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21 2325 Ulmerton Road,	. 26 2325 Ulmer	ton Rd.	59-3376908	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			\$8.75 Additional
22 STF #1	27 Ste. #1		Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Clearwater, FL	28 Clearwater	FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip 22762 2262	Country	8. This corporation owes or has paid	_ ' '
24 33762-3362 25 USA	29 33762-3362	30	Personal Property Tax due June 30	
g. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Regis	itered Agent
gassman, alan s		81 Name		
1245 COURT ST, SUITE 102		82 Street A	Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616		\ <u>-</u>		
		63		\
		84 City		B5 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered agont, or both, in the Stagent I am familiar with, and accept the ob-	502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the purporation's board of dispetors. I have by account	pose of changing its registered
agent I am familiar with, and accept the ob	ligations of, Section 607.0505, Flo	orida Statutes.	oration's board of directors. Thereby accept t	ne appointment as registered
SIGNATURE				
Signature, byped or printed harne of registered		Registered Agent signature		DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE D	☐ DELETE	1 1 TITLE		☐X Change ☐ Addition
NAME COWART, CATHERINE		1.2 NAME		
STREET ADDRESS 5304 E LONGBOAT BLVD		1.3 STREET ADDRESS	2325 Ulmerton Road, St	
CITY-ST-ZIP TAMPA FL 33615		1.4 CITY-ST-ZIP	Clearwater, FL 33762-3	
TITLE	☐ D€L€TE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY+ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
			dia Control (40 07/0V) Francis Control 15 o	a) and a share a share bare a share

r nereby 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 charged, or on an attachment with an address.