

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067485 (8)

1. Corporation Name

TOP-GYN LADIES CENTER, INC.



Principal Place of Business 13165 SW 19 TERRACE MIAMI FL 33175	Mailing Address 13165 SW 19 TERRACE MIAMI FL 33175-1311
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report
4. FEI Number 65-0687683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HERNANDEZ, DORA  
13165 SW 19 TERRACE  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when terminating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, DORA	
STREET ADDRESS	13165 SW 19 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.1 TITLE	
21.2 NAME	
21.3 STREET ADDRESS	
21.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.1 TITLE	
31.2 NAME	
31.3 STREET ADDRESS	
31.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.1 TITLE	
41.2 NAME	
41.3 STREET ADDRESS	
41.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.1 TITLE	
51.2 NAME	
51.3 STREET ADDRESS	
51.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.1 TITLE	
61.2 NAME	
61.3 STREET ADDRESS	
61.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

0238199

CR2E034 (9/96)