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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

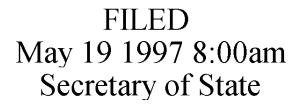
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000076525 (0)

WOMEN'S DIAGNOSTIC CENTER, INC.

Mailing Address

1373 OAKFIELD DRIVE BRANDON FL 33511 1373 OAKFIELD DRIVE





BRANDON FL 33511		BRANDON FL 33511-4841			•	•			
					3. Date Incorporated or Qualified 09/13/1996	3a. Date of	Last Report		
— · · · ·	Place of Business	2a. Mailing Address			4. FEI Number		Applied Fo	or	
21		26			59-339-9817		Not Applic	cable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		1.75 Addition		
City & Stat	е	City & State			6. Election Campaign Financing		5.00 May Be		
23		28			, , ,		Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for int	tangible tax u	nders 199.03	32	
24	25	29	30		Florida Statutes	Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent			
	AEDI, ABDULLAH		8	1 Name					
	3 OAKFIELD DRIVE		8	2 Street	Address (P.O. Box Number is Not Acceptable				
*BR/	NDON FL 33511								
•			8	3					
. •			8	4 City		85	Zip Code		
11. Pursuant	to the provisions of Sections 607 050	02 and 607 1600 Etarida Stat.	don the she	VD DDDDG	corporation submits this statement for the pur	FL 🗀	<u></u>		
	registered agent, or both, in the State or familiar with, and accept the oblig	i di rigniga. Such change was	autnonzeo	ov me cor	poration's board of directors. Thereby accept	pose of chan the appointme	ging its register ant as register	ered red	
SIGNATURE	Signature, typed or printed name of registered eg-	ent and litle if applicable (NO	°E Registered A	gent signature	c tequired when reinstaling)	DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	<u> </u>	
TITLE	STD	DETETE	11711[			CI	hange 🔲 Adi	dition	
NAME	<b>GHAEDI, ABDULLAH</b>		1.2 NAM						
STREET ADDRESS	28419 GREAT BEND PL.		1.3 STRE	E1 ADDRESS					
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		1.4 C/1Y	SI - ZiP					
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CITY-ST-ZIP	WESLEY CHAPEL FL 33543		2.4 CITY	- \$1 - 7IP					
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NAME			3.2 NAM		Back + Re	Wd Pla			
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CITY-ST-ZIP	<u> </u>		3 4. CHY	-ST-74P	Wester Chapelin	CL 33.	543		
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CITY-ST-ZIP			64 CHY	\$1 - 7/P					
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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 eath; 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.

VA Days