

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S08997** (6)

1. Corporation Name

WOMAN'S HEALTH CARE, INC.



Principal Place of Business

**1701 N.E. 115TH STREET, APT. #38-A
MIAMI FL 33181**

Mailing Address

**1701 N.E. 115TH STREET, APT. #38-A
MIAMI FL 33181**

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

29

30

9. Name and Address of Current Registered Agent

**FOWLER, ANNE
1701 N.E. 115TH STREET, #38-A
MIAMI FL 33181**

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 607.1503, 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 and printed name of registered agent

Signature typed and printed name of officer or director

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**P
FOWLER, ANNE
1701 N.E. 115TH ST., #38A
MIAMI FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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