

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S58759 (9)**

1. Corporation Name

SOUTH FLORIDA WOMEN'S CENTER, P.A.



Principal Place of Business

Mailing Address

9981 HEALTH PARK CIRCLE
SUITE 159
FT MYERS FL 33908

9981 HEALTH PARK CIRCLE
SUITE 159
FT MYERS FL 33908

3. Date Incorporated or Qualified
06/11/1991

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **15250 S. US Hwy 41**

26 **15250 S. US Hwy 41**

4. FEI Number
65-0292131

Applied For
Not Applicable

22 **Unit C-1**

27 **Unit C-1**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **FORT MYERS FL**

28 **FORT MYERS FL**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **38908**

Country

25 **LEE**

29 **33908**

Country

30 **LEE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOMANO, JACK M
9981 HEALTH PARK CIRCLE
SUITE 159
FT MYERS FL 33908**

81 Name **Lomano Jack M**

82 Street Address (P.O. Box Number is Not Acceptable)

15250 S US Hwy 41

83

Unit C-1

84

City **FORT MYERS**

FL

85

Zip Code **33908**

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 of 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

Jack M Lomano

JACK M. LOMANO, MD Pres. 6-10-96

Signature Type: Printed Typed Other

(If All Registered Agent signatories required, attach separate page)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	LOMANO, JACK M	9981 HEALTH PARK CIR	FT MYERS FL	<input type="checkbox"/>
D	LOMANO, JACK M	9981 HEALTH PARK CIR	FT MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
		15250 S US Hwy 41 - Unit C-1	FORT MYERS FL 33908	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
		15250 S US Hwy 41 - Unit C-1	FORT MYERS FL 33908	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition																
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition																

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack M Lomano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

941-482-0333

CR2E034 (3/96)