

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58759 (9)

1. Corporation Name  
SOUTH FLORIDA WOMEN'S CENTER, P.A.

Principal Place of Business

15250 US-41 SUITE C-1  
FT MYERS FL 33908  
US

Mailing Address

15250 US-41 SUITE C-1  
FT MYERS FL 33908  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1991

2. Principal Place of Business

21 15250 S RT 41

Suite, Apt. #, etc.

22 SUITE H

23 City & State  
FORT MYERS FLORIDA

24 Zip  
33908

Country

25 USA

2a. Mailing Address

26 15250 S RT 41

Suite, Apt. #, etc.

27 SUITE H

28 City & State  
FORT MYERS FLORIDA

29 Zip  
33908

Country

30 USA

4. FEI Number

65-0292131

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOMANO, JACK M  
15250 US-41 SUITE C-1  
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

JA

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

83

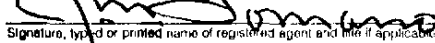
84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

J.M. LOMANO

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOMANO, JACK M

STREET ADDRESS 15250 US-41 SUITE C-1

CITY-ST-ZIP FT MYERS FL 33908

TITLE D ☐ DELETE

NAME LOMANO, JACK M

STREET ADDRESS 15250 US HWY 41 UNIT C-1

CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

CR2E034 (10/97)