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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V05570** (9)
1. Corporation Name
WOMAN TO WOMAN OBSTETRICS AND GYNECOLOGY, P.A.



Principal Place of Business
**21110 BISCAYNE BLVD
STE 104
AVENTURA FL 33180**

Mailing Address
**21110 BISCAYNE BLVD
STE 104
AVENTURA FL 33180-1228**

3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
04/08/1996

2. Principal Place of Business
21 **21110 BISCAYNE BLVD**
Suite, Apt. #, etc.
22 **SUITE "312"**
City & State
23 **AVENTURA FL 33180**
Zip
24 **33180** Country
25 **DADE**

2a. Mailing Address
26 **3660 NE 199TH ST**
Suite, Apt. #, etc.
27
City & State
28 **AVENTURA FL**
Zip
29 **33180** Country
30 **DADE**

4. FEI Number
65-0301761

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 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

**LEBOW, ELLEN DO
21110 BISCAYNE BLVD
STE 104
AVENTURA FL 33180**

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 607.1508, 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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
LEBOW, ELLEN DO
3660 NE 199TH ST
AVENTURA FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
SILVERMAN, BRADLEY D.O.
3660 NE 199TH ST
AVENTURA FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, changed, or on an attachment with an address.

SIGNATURE:

ELLEN LEBOW D.O.

Date

Daytime Phone #

CR2E034 (9/96)