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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38737

(5)

A DOCTOR'S OFFICE FOR WOMEN NORTH, INC.

Principal Place	of Business	Mailing Address								
1100 N.E. 125 ST. 80 PALM AVENUE. PALM IS NORTH MIAMI FL 33161 MIAMI 8EACH FL 33139 US US				LAND						
					3. Date Incorporated or Qualified					
2. Principal Pla	2a. Mailing Address	ing Address				El Number	1 7 7 7		oplied For	
21		26				65-0340559		No	ot Applicable	
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5 . (Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State					lection Campaign Financing rust Fund Contribution		\$5.00 Added t	
Zip	Country	Ziρ	Coun	try		8. 1	This corporation has liability for I	ntangible	tax under s	. 199.032,
24	25 29 30		30			Florida Statutes Yes No 10, Name and Address of New Registered Agent				
	9. Name and Address of Currer	nt Registered Agent				10,	Name and Address of New Reg	istered /	gent	
	ENTHAL, VLADIMIR		1	B1	Name					
	alm ave. I Island		82 Street A		Street Addre	ess (P.(D. Box Number is Not Acceptab	le)		
	BEACH FL 33139		Ī	83						
			Ī	84	City			FL	85 Zip (Code
11, Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the ab	ove-	named corpo	oration	submits this statement for the p	urpose of	changing it	is registered
office or re-	gistered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change war jations of, Section 607.0505,	s authorizeo Florida Statu	tes.	tne corporatio	OUR DO	pard of directors, I hereby accep	к ине арр	ontrient as	registered
SIGNATURE										
S	ignative typed or pheliod name of registared ag		OTE Registered	Ageni	l signature required	ed when h	einstating)	DATE	***************************************	
12.	OFFICERS AN	ID DIRECTORS	13.			AI	DDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D	☐ DELETE	1.1 Titt	Æ					∐] Change	Addition
	ROSENTHAL, VLADIMIR		1.2 NA	ΝE						
STREET ADDRESS	80 PALM AVE, PALM ISLAND		1.3 STR	EET A	address					
CITY-S1-ZIP	MIAMI BEACH FL		1.4 CIT		- ZIP					A description
TITLE	0	☐ DELETE	2.1 7171		1				Change	Addition
NAME	ROSENTHAL, MIRA		2.2 NAME					-		İ
STREET ADDRESS	80 PALM AVE, PALM ISLAND		1		UDDRESS					
CITY-ST-7/P	MIAMI BEACH FL	T no ere	2.4 CI		r-ZIP				Change	Addition
TILE		DELETE	3.1 TITU						LT CHANGE	Addition
NAME CANCE AROPECE			3.2 NAM		IDODCCC					*
STREET ADDRESS					ADDRESS					
City-St-ZiP Title		DELETE	3.4. CIT	_	I-LIP				Change	Addition
NAME		head Decert	4.2 NA		ļ				4.4.9	
STREET ADDRESS					NDDAESS					
CITY-ST-ZIP										
TITLE				1.4 CITY-ST-ZIP 5.1 TITLE					Change	Addition
NAME.			5.2 NAI		1					
STREET ADDRESS					ADDRESS					
CITY+ST-ZIP			5.4 CIT							
TITLE		DELETE	6.1 717)						Change	Addition
NAME			6.2 NA]				-	,
STREET ADORESS					ADDRESS					
CITY-ST-ZIP			64 CIT							

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 ennual 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 comporation 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 changes or on an attachment with an address.

PRESIDENT