

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL -7 AM 9-40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # V57137 (4)
 1. Corporation Name
ALL ABOUT WOMEN'S HEALTH, INC.

Principal Place of Business Mailing Address
 1920 PALM BEACH LAKES BLVD 1920 PLAM BCH LAKES BLVD
 SUITE 209 SUITE 209
 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409
 US US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
 08/10/1992 05/01/1994
 4. FEI Number Applied For
 65-0370477 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
 NELSON, MARYALICE
 1920 OALM BEACH LAKES BLVD
 SUITE 209
 WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, MARYALICE
STREET ADDRESS	3000 N OCEAN DR 3C
CITY-ST-ZIP	SINGER ISLAND FL
TITLE	D
NAME	VALENTI, PAMELA JENA
STREET ADDRESS	1823 N.W. SPRUCE RIDGE
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	DOSS, PATRICIA L.
STREET ADDRESS	10786 165TH ST
CITY-ST-ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NELSON, MARYALICE	
1.3 STREET ADDRESS	500 OCEAN DRIVE APT B 3A	
1.4 CITY-ST-ZIP	Juno Beach FL 33404	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maryalice Nelson Date: 6/26/95

CR2E034 (3/95)