

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED

95 MAY -1 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09790** (9)

1. Corporation Name
WOMEN'S COMMUNITY HEALTH CENTER OF SPRINGFIELD, MISSOURI, INC.

Principal Place of Business Mailing Address

12000 BISCAYNE BLVD. MIAMI FL 33181 **12000 BISCAYNE BLVD. MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/23/1980** 3a. Date of Last Report **08/08/1994**

2. Principal Place of Business 2b. Mailing Address

21 **1837 E. Cherry ST.** 26 **12000 Biscayne Blvd.**

4. FEI Number **59-1874099** Applied For Not Applicable

Suite, Apt. #, etc. 27 **Suite 705**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 28 **NO. MIA. FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 29 **33181** 30 **DADC**

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

9. Name and Address of Current Registered Agent

**LEIGHT, PAUL
12000 BISCAYNE BLVD.
Ste 705
MIAMI FL 33181**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent, and fee if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHT, PAUL	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. Suite 705	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33181	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 110.07(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, trustee or assignee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing with an address.

SIGNATURE  DATE **02-01-95**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR **Paul J. Leight (Rep.)** This **(JOS)** System/Process # **891-3895**