

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90022 030 ****61.25

DOCUMENT # N19432

1. Entity Name

WOMEN'S DIAGNOSTIC CENTER OF BETHESDA, INC.

Principal Place of Business

Mailing Address

**54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483****54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2771779

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAWN, JOEL T.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	☐ Delete
NAME	STRAWN, JOEL T	
STREET ADDRESS	54 N.E. 4TH AVE	
CITY-ST-ZIP	DELRAY BCH. FL 33438	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Delete
NAME	HILL, ROBERT B.	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	☐ Delete
NAME	TAYLOR, ROBERT B., JR.	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	BROADWAY, ROBERT L	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	KIRK, ROGER L	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. FINANCE**4/22/02**

Date

561-737-7733

Daytime Phone #

CR2E037 (9/01)