2002 03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -3 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003280

1. Entity Name

BAPTIST WOMEN'S HEALTHCARE, INC.

DO NOT WRITE IN THIS SPACE

700020561937
06/06/03--01010--008 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8950 N. KENDALL DR.	8950 N. KENDALL DR.
Suite, Apt. #, etc. #302	Suite, Apt. #, etc. #302
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33176 Country USA	Zip 33176 Country USA

4. FEI Number 65-0804447 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MONZON, ANTONIO

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

8950 N. KENDALL DR., #302

City MIAMI FL Zip Code 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	
NAME	MONZON, ANTONIO	
STREET ADDRESS	8950 N. KENDALL DR., #302	
CITY-ST-ZIP	~~MIAMI FL 33176~~	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/29/03 306-595-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

pr 6/3