

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.	
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DO NOT WRITE IN THIS SPACE

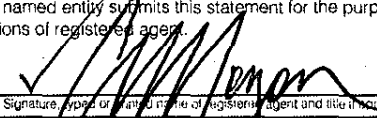
700020561937
06/06/03--01010--008 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8950 N. KENDALL DR.		3. Mailing Address 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  DATE **5/29/03**

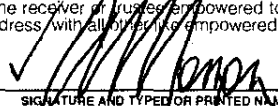
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
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 NAME STREET ADDRESS CITY - ST - ZIP	DPST MONZON, ANTONIO 8950 N. KENDALL DR., # 302 MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  DATE **5/29/03** 306-595-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

gr 6/3