

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 014 ***150.00

DOCUMENT # P96000013410
1. Entity Name
 Orlando Women's Center, Inc.

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 1103 Lucerne Terrace Suite, Apt. #, etc. | 3. Mailing Address 609 Virginia Drive Suite, Apt. #, etc. |
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|--|--|
| City & State Orlando, FL | City & State Orlando, FL |
| Zip 32806 Country | Zip 32803 Country |

| | |
|------------------------------------|---|
| 4. FEI Number 59-3371179 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

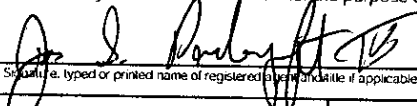
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

| |
|---|
| Name James S. Pendergraft IV, MD |
| Street Address (P.O. Box Number is Not Acceptable) 609 Virginia Drive |
| City Orlando FL Zip Code 32803 |

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  **DATE** 25 Apr 02

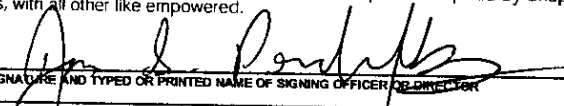
Signature is typed or printed name of registered agent or officer if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|---|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | | |
|---|---|-----------------------|------------------------|
| TITLE PDS | NAME James S. Pendergraft IV, MD | TITLE | NAME |
| STREET ADDRESS 609 Virginia Drive | CITY - ST - ZIP Orlando, FL 32803 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP | STREET ADDRESS | CITY - ST - ZIP |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 25 Apr 02 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)