

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

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

05-16-2002 90048 015 ***150.00

DOCUMENT # P99000014604

1. Entity Name

Abortion By Pill, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

609 Virginia Drive

Suite, Apt. #, etc.

3. Mailing Address

609 Virginia Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

Zip

32803

Country

4. FEI Number

59-3561203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

**DO NOT WRITE
IN THIS SPACE**

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)

25 Apr 02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

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

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME James S. Pendergraft IV, MD
STREET ADDRESS 609 Virginia Drive
CITY - ST - ZIP Orlando, FL 32803

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Signature and typed or printed name of signing officer or director

25 Apr 02

Daytime Phone #

CR2E034B (12/01)