

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 050 ***150.00

DOCUMENT # 474751

1. Entity Name

SARASOTA WOMAN'S HEALTH CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5025 TAMiami TRAIL N.

Suite, Apt. #, etc.

3. Mailing Address

5025 TAMiami TRAIL N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, Florida

City & State

SARASOTA, Florida

4. FEI Number

59-1583653

Applied For

☐ Not Applicable

Zip

34-234

Country

USA

Zip

34234

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CANAVAN, Thomas

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

3401 66th ST. N.

City

ST. PETERSBURG

FL

Zip Code

33710

**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)

DATE

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 PD
NAME MAHRT, G. MICHAEL
STREET ADDRESS 3401 66th ST. N.
CITY - ST - ZIP ST. PETERSBURG, FL 33710

TITLE VSTD
NAME CANAVAN, Thomas
STREET ADDRESS 3401 66th ST. N.
CITY - ST - ZIP ST. PETERSBURG, FL 33710

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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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas CANAVAN

3/27/02 (727) 381-6620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)