

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520937

1. Entity Name

WYMORE OB/GYN SPECIALISTS, P.A.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90072 004 ***150.00

Principal Place of Business

Mailing Address

650 WYMORE RD
WINTER PARK FL 32789

650 WYMORE RD
WINTER PARK FL 32789-2859

2. Principal Place of Business

615 E. Princeton St.

3. Mailing Address

615 E. Princeton St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 101

Ste. 101

City & State

Orlando, Fla.

City & State

Orlando, Fla.

Zip

32803

Country

USA

Zip

32803

Country

USA

4. FEI Number

59-1706017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STERN, LOUIS
650 WYMORE ROAD
SUITE 201
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Stern, Louis

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

615 E. Princeton St. Ste., 101

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

[Signature]

NICHOLAS ABRUDESCU

2-10-00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME STERN, LOUIS
STREET ADDRESS 650 WYMORE ROAD
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ Delete
NAME ABRUDESCU, NICHOLAS
STREET ADDRESS 650 WYMORE RD STE 201
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ST ☐ Delete
NAME BROWN, NANCY
STREET ADDRESS 650 WYMORE RD STE 201
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Stern, Louis
STREET ADDRESS 615 E. Princeton Street, Ste. 101
CITY-ST-ZIP Orlando, Florida 32803

TITLE VP ☒ Change ☐ Addition
NAME Abrudescu, Nicholas
STREET ADDRESS 615 E. Princeton Street, Ste. 101
CITY-ST-ZIP Orlando, Florida 32803

TITLE ST ☒ Change ☐ Addition
NAME Brown, Nancy L.
STREET ADDRESS 615 E. Princeton Street, Ste. 101
CITY-ST-ZIP Orlando, Florida 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] NICHOLAS ABRUDESCU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 (407) 898-9922