

1/21/

FILED

Mar 10, 2002 8:00 am
Secretary of State

01-21-2002 90050 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520937

1. Entity Name

WYMORE OB/GYN SPECIALISTS, P.A.

Principal Place of Business

615 E PRINCETON ST
STE 101
ORLANDO FL 32803
US

Mailing Address

615 E PRINCETON ST
STE 101
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1706017

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ABRUDESCU, NICHOLAS

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

615 E. PRINCETON ST. STE. 101

City

ORLANDO

FL

Zip Code

32803

STERN, LOUIS

615 E PRINCETON ST
STE 101
ORLANDO FL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STERN, LOUIS	
STREET ADDRESS	615 E PRINCETON ST STE 101	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABRUDESCU, NICHOLAS	
STREET ADDRESS	615 E PRINCETON ST STE 101	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, NANCY	
STREET ADDRESS	615 E PRINCETON ST STE 101	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRUDESCU, NICHOLAS	
STREET ADDRESS	615 E. PRINCETON ST. STE. 101	
CITY-ST-ZIP	ORLANDO, FLA. 32803	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NANCY	
STREET ADDRESS	615 E. PRINCETON ST. STE. 101	
CITY-ST-ZIP	ORLANDO, FLA. 32803	
TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FU, KAI	
STREET ADDRESS	615 E. PRINCETON ST. STE. 101	
CITY-ST-ZIP	ORLANDO, FLA. 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/01)