

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 600861

1. Corporation Name  
WOMEN'S MEDICAL GROUP, P.A.

Principal Place of Business  
3550 UNIVERSITY BLVD., SOUTH  
SUITE 301  
JACKSONVILLE FL 32216

Mailing Address  
3550 UNIVERSITY BLVD., SOUTH  
SUITE 301  
JACKSONVILLE FL 32216

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90058 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1969

4. FEI Number

59-1233427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required.

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4205 Belfort Road

22 Suite, Apt. #, etc.  
Suite 2004

23 City & State  
Jacksonville FL

24 Zip 32216 25 Country USA

2a. Mailing Address

26 4205 Belfort Road

27 Suite, Apt. #, etc.  
Suite 2004

28 City & State  
Jacksonville FL

29 Zip 32216 30 Country USA

9. Name and Address of Current Registered Agent

MARTIN, ANGELA  
4205 BELFORT ROAD, SUITE 2004  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Angela Martin, President

3-23-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WOODEN, WILLIAM  
STREET ADDRESS 3550 UNIVERSITY BLVD S  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE PD  
NAME KARRER, MAX C  
STREET ADDRESS 3550 UNIVERSITY BLVD S  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE VD  
NAME MARTIN, ANGELA  
STREET ADDRESS 3550 UNIVERSITY BLVD S  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Wooden, William  
1.3 STREET ADDRESS 4205 Belfort Road, Ste 2004  
1.4 CITY-ST-ZIP Jacksonville, FL 32216

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE PD  
3.2 NAME Martin, Angela  
3.3 STREET ADDRESS 4205 Belfort Road, Ste 2004  
3.4 CITY-ST-ZIP Jacksonville, FL 32216

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

904-296-3200

Daytime Phone #

CR2E034 (1/98)