

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 697446 (3)  
1. Corporation Name  
WOMEN'S HEALTH CARE OF N. W. FLORIDA P.A.



Principal Place of Business

C/O JOSE H CORTES MD  
3051 6TH STREET  
MARIANNA FL 32446

Mailing Address

C/O JOSE H CORTES MD  
P. O. BOX 1504  
MARIANNA FL 32446  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1981

4. FEI Number

59-2110124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORTES, JOSE H MD  
3051 6TH STREET  
MARIANNA FL 32446

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

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 PST  
NAME CORTES, JOSE H MD  
STREET ADDRESS 3051 6TH STREET  
CITY-ST-ZIP MARIANNA FL

☐ DELETE

TITLE D  
NAME CORTES, JOSE H MD  
STREET ADDRESS 3051 6TH STREET  
CITY-ST-ZIP MARIANNA FL

☐ DELETE

TITLE V  
NAME GWATTING, CELESTIA A.  
STREET ADDRESS 3051 6TH ST.  
CITY-ST-ZIP MARIANNA FL

☐ DELETE

TITLE V  
NAME RICHEY, PATRICIA K  
STREET ADDRESS 3051 6TH ST.  
CITY-ST-ZIP MARIANNA FL 32446

☐ DELETE

TITLE V  
NAME GONZALO, ORIA  
STREET ADDRESS 3051 6TH ST  
CITY-ST-ZIP MARIANNA FL

☐ DELETE

TITLE V  
NAME MUNIZ, ORLANDO S  
STREET ADDRESS 3051 6TH ST  
CITY-ST-ZIP MARIANNA FL 32446

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V  
1.2 NAME McCRAE, Belinda  
1.3 STREET ADDRESS 3051 6TH ST  
1.4 CITY-ST-ZIP MARIANNA, FL 32446

☐ Change

☒ Addition

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

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ 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.

SIGNATURE:

CR2E034 (10/97)