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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 697446

Principal Place of Business

WOMEN'S HEALTH CARE OF N. W. FLORIDA P.A.

C/O JOSE H CORTES MD 3051 6TH STREET MARIANNA FL 32446		C/O JOSE H CORTES MD P. O. BOX 1504 MARIANNA FL 32446 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/04/1981		
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number Applied For		
21		26			59-2110124 Not Applical		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additional	-	
22		27			5. Certificate of Status Desired Fee Required	_	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	ļ	
23	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip Cour		гу	8. This corporation owes the current year Intangible		
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	\dashv	
				81 Name			
CORTES, JOSE H MD			8	2 Street A	Address (P.O. Box Number is Not Acceptable)		
3051 6TH STREET			1	0.10017			
Marianna FL 32446			8	3			
			-			}	
			8	4 City	FI 85 Zip Code	}	
44 Durayant	to the provisions of Sections 607.050	12 and 607 1508 Florida Statute	s the abo	ve-named o	corporation submits this statement for the purpose of changing its registere	╗	
office or n	egistered agent, or both, in the State	of Florida. Such change was au	ithorized t	y the corpo	oration's board of directors. I hereby accept the appointment as registered	_	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statut	es.			
SIGNATURE					equired when reinstaling) DATE	ĺ	
				jent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,——	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Cliange ☐ Add	uon	
NAME	MCCRAE, BELINDA		1.2 NAM	E		1	
STREET ADDRESS	3051 6TH ST		1.3 STRE	EET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLI		☐ Change ☐ Add	ition	
NAME	CORTES, JOSE H MD 22N		2.2 NAM	E 1		ĺ	
STREET ADDRESS			23 STRI	ET ADDRESS			
	MARIANNA FL		2.4 CITY				
CITY-ST-ZIP			3.1 TITLE		Change Add	ition	
TITLE	l :						
NAME	COEL CTILOT		3 2 NAM				
STREET ADDRESS				ET ADDRESS		ĺ	
CITY-ST-ZIP				'-ST-ZIP	F70 F144	tat.	
TITLE	V	☐ DELETE	4.1 TITLE	[∴ Change ☐ Add	JUDU (
NAME	RICHEY, PATRICIA K		4, 2 NAM	iE		-	
STREET ADDRESS	3051 6TH ST.		4.3 STRE	EET AODRESS		1	
CITY-ST-ZIP	Marianna FL 32446		4.4 CITY	-ST-ZIP			
TITLE			5.1 TITU	·	☐ Change ☐ Add	ition	
NAME	GONZALO, ORIA		5.2 NAM	E			
STREET ADDRESS	3051 6TH ST		5.3 STRI	ET ADDRESS			
CITY-ST-ZIP	MARIANNA FL		5.4 CITY	-ST-ZIP		J	
TITLE	V	DELETE	6.1 TITLE		☐ Change ☐ Add	ition	
NAME			6.2 NAM	E		ļ	
			63 STR	ET ADDRESS		1	
STREET ADDRESS	3051 6TH ST		6.4 CITY	1			
CITY-ST-ZIP	MARIANNA FI 32446		0.4 (-111	- ^1.7IL			

SIGNATURE:

CITY-ST-ZIP

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 chapted, or on an attachment with an address, with all other like empowered.

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90230 032 ***150.00