

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45863

1. Entity Name

NATIONAL WOMENS HEALTH SERVICES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90190 003 \*\*\*150.00

Principal Place of Business

2106 DREW ST STE 101  
CLEARWATER FL 33765  
US

Mailing Address

2106 DREW ST  
SUITE 103  
CLEARWATER FL 33765-3238  
US

2. Principal Place of Business

2106 DREW ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

SAME

Country

SAME

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2149674

Applied For

Not Applicable

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

CATTERTON, DEZRA  
2106 DREW ST #103  
CLEARWATER FL 33765

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME RYGIEL, ROBIN L  
STREET ADDRESS 2106 DREW ST, 103  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE  
NAME D P S  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME DRESDEN, GARY A MD  
STREET ADDRESS 2106 DREW ST #103  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE D  
NAME TICKTIN, HAROLD J MD  
STREET ADDRESS 2106 DREW ST #103  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE VT  
NAME MILLER, MELINDA R.  
STREET ADDRESS 2106 DREW ST #103  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE D V T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Melinda R. Miller

MELINDA R. MILLER

4/27/00

727/442-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)