

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90227 021 \*\*\*150.00

**DOCUMENT # F58430**

1. Entity Name  
**WOMEN'S HEALTH ASSOCIATES OF MANATEE, P.A.**

Principal Place of Business

**5701 21ST AVENUE WEST  
 BRADENTON FL 34209**

Mailing Address

**5701 21ST AVENUE WEST  
 BRADENTON FL 34209**

2. Principal Place of Business

**5953 - 17th Avenue West**

Suite, Apt. #, etc.

3. Mailing Address

**5953 - 17th Avenue West**

Suite, Apt. #, etc.

City & State  
**Bradenton, Florida**

City & State  
**Bradenton, Florida**

4. FEI Number **59-2138432**

Applied For  
 Not Applicable

Zip **34209**

Country **USA**

Zip **34209**

Country **USA**

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

## 6. Name and Address of Current Registered Agent

**SKENE, C.L. JR., M.D.**

**5701 21ST AVENUE WEST**

**BRADENTON FL 34209**

## 7. Name and Address of New Registered Agent

Name **SKENE, C.L. JR., M.D.**

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

**5953 - 17th Avenue West**

City **Bradenton, Florida**

**FL** Zip Code **34209**

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, 2002 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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>SKENE, C.L. JR., MD</b>   |                                 |
| STREET ADDRESS | <b>5701 21ST AVENUE WEST</b> |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>          |                                 |
| 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    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |   |
|----------------|---------------------------------|---|
| TITLE          | <b>P</b>                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SKENE, C.L., JR., M.D.</b>   |   |
| STREET ADDRESS | <b>5953 - 17th Avenue West</b>  |   |
| CITY-ST-ZIP    | <b>Bradenton, Florida 34209</b> |   |
| 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 (941) 792 9697**  
 Date Daytime Phone #

CR2E034 (9/01)