

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



DO NOT WRITE IN THIS SPACE

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

Zip **34209** Country **USA**

Zip **34209** Country **USA**

4. FEI Number **59-2138432** Applied For
 Not Applicable

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 *C.L. Skene - MD* DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	SKENE, C.L., JR., MD
STREET ADDRESS	5701 21ST AVENUE WEST
CITY-ST-ZIP	BRADENTON FL
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	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKENE, C.L., JR., M.D.
STREET ADDRESS	5953 - 17th Avenue West
CITY-ST-ZIP	Bradenton, Florida 34209
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	
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)* DATE 4/29/02 DAYTIME PHONE # (941) 792 9697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)