## Apr 11, 2003 8:00 am Secretary of State

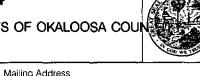
04-11-2003 90077 042 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

H32834 **DOCUMENT #** 

1. Entity Name

WOMEN'S HEALTH CARE SPECIALISTS OF OKALOOSA COU TY. P.A.



Principal Place of Business Mailing Address % MICHAEL HARRIS, M.D. 1005 W COLLEGE BLVD STE A NICEVILLE FL 32578 NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address

% MICHAEL HARRIS. M.D. 1005 W COLLEGE BLVD STE A

Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number FO 0400404 Applie					
		, i			4. FET Number 59-2486164					
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional see Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
LIADDIO MOL	IAFI N.D.		N	ame	• 4 =         •         •					
HARRIS, MICH 1005 W. COLI	1AEL M.D. LEGE BLVD. STE A	•	· s	Street Address (P.O. Box Number is Not Acceptable)						
NICEVILLE FL	32578									
	•. •		C	ity	<u> </u>	FL	Zip Code			
	ned entity submits this statement of registered agent.	nt for the purpose of cha	nging its registered o	ffice or registered	agent, or both, in the State of Fl	orida. I am fa	amiliar with, and accept			
GNATURE	·									
: Signa	iture, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Age	nt signature required who	en reinstating)	DATE				
	NOW!!! FEE IS \$150.00	I .	·		9. Election Campaign Fi	nancing	\$5.00 May Be			

11.

## Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS

Trust Fund Contribution.

\*\*\*\*\*ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Added to Fees

NAME STREET ADDRESS CITY-ST-ZIP	PD Delete 'HARRIS, MICHAEL M.D. 1005 W. COLLEGE BLD A NICEVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	· · · · · · · · · · · · · · · · · · · ·
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	<del></del>	**		☐ 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
TITLE  NAME  STREET ADDRESS  CITY_ST_7IP	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #