2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 039 ***150.00

DOCUMENT # J28831

1. Entity Name

SLAYDEN, COZAD & HEMSATH'S WOMAN TO WOMAN CENTER

Principal Place of Business	Mailing Address
12955 SEMINOLE BLVD LARGO FL 34648	12955 SEMINOLE BLVD LARGO FL 33778-2399 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2700177 — 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
HENDERSON-SLAYDEN, RITA 12955 SEMINOLE BLVD LARGO FL 34648	Name: Catherine Cozad, M.D. Street Address (P.O. Box Number is Not Acceptable): 12955 Seminole Blvd City: Largo FL Zip Code: 33778

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 _____ 5/5/00
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: P NAME: SLAYDEN, RITA H. STREET ADDRESS: 12955 SEMINOLE BLVD CITY-ST-ZIP: LARGO FL	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: V NAME: COZAD, CATHERINE L STREET ADDRESS: 12955 SEMINOLE BLVD CITY-ST-ZIP: LARGO FL	☐ Delete	TITLE: President NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: S NAME: HEMSATH, DEBRA F. STREET ADDRESS: 12955 SEMINOLE WAY CITY-ST-ZIP: LARGO FL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: Treasurer NAME: Delgado, Delia STREET ADDRESS: 12955 Seminole Blvd CITY-ST-ZIP: Largo, Fl. 33778	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Peter H. Slayden M.D. — 4-7-00 — 615-952-9291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #