

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90263 001 ****75.00
 04-17-2002 90263 002 ****75.00

DOCUMENT # J28831

1. Entity Name
**SLAYDEN, COZAD & HEMSATH'S WOMAN TO WOMAN CENTER
 P.A.**

Principal Place of Business 12955 SEMINOLE BLVD LARGO FL 34648 US	Mailing Address 12955 SEMINOLE BLVD LARGO FL 34648 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8787 BRYAN DAIRY RD. SUITE, Apt. #, etc. SUITE 250 LARGO, FL	3. Mailing Address 8787 BRYAN DAIRY RD. SUITE, Apt. #, etc. SUITE 250 LARGO, FL
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4. FEI Number 59-2700177	Applied For <input type="checkbox"/> Not Applicable
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Zip 33777	Country USA	Zip 33777	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COZAD, CATHERINE M.D.
 12955 SEMINOLE BLVD
 LARGO FL 34648**

7. Name and Address of New Registered Agent

Name COZAD CATHERINE MD
Street Address (P.O. Box Number is Not Acceptable) 8787 BRYAN DAIRY RD SUITE 250
City LARGO
State FL
Zip Code 33777

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

[Handwritten Signature] **4-5-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	P COZAD, CATHERINE L 12955 SEMINOLE BLVD LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEMSATH, DEBRA F. 12955 SEMINOLE WAY LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COZAD, CATHERINE L. 8787 BRYAN DAIRY RD. #250 LARGO, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEMSATH, DEBRA 8787 BRYAN DAIRY RD #250 LARGO, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **4-5-02** **(727) 581-1121**

CR2E034 (9/01)