

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90258 045 ***150.00

DOCUMENT # J48986

1. Entity Name
ABSOLUTE HEALTH CARE FOR WOMEN OF ALL AGES, P.A.

Principal Place of Business 210 JUPITER LAKES BLVD. BLDG. 3000 JUPITER FL 33458	Mailing Address 210 JUPITER LAKES BLVD. BLDG. 3000 JUPITER FL 33458
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 175 Toney Penna Blvd #201 Suite, Apt. #, etc.	3. Mailing Address 175 Toney Penna #201 Suite, Apt. #, etc.
---	--

City & State Jupia, FL	City & State Jupia, FL
----------------------------------	----------------------------------

4. FEI Number 59-2748534	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33458	Country	Zip 33458	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	---------	---------------------	---------	--

6. Name and Address of Current Registered Agent

FELD, DAVID
210 JUPITER LAKES BLVD #3000-106
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID FELD, M.D.		NAME	
STREET ADDRESS 210 JUPITER LAKES BLVD.		STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** _____ **4/23/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)