
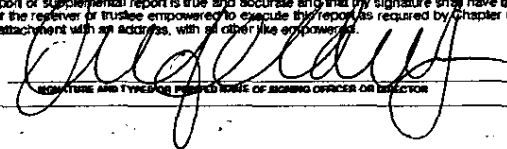


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 014 ***150.00

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

DOCUMENT # J48986			
1. Entity Name ABSOLUTE HEALTH CARE FOR WOMEN OF ALL AGES, P.A.			
Principal Place of Business 175 TONEY PENNA BLVD # 201 JUPITER, FL 33458		Mailing Address 175 TONEY PENNA BLVD # 201 JUPITER, FL 33458	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2748534		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		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 David Feld Street Address (P.O. Box Number, is Not Acceptable) 175 Toney Penna Dr. #201 City Jupiter FL Zip Code 33458	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent's name should be identical with information on file)			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID FELD, M.D. 210 JUPITER LAKES BLVD. JUPITER, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 trustee or trustee empowered to execute by report as required by Chapter 807, 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 empowerments.			
SIGNATURE: 		42463	

70053987



CHECK HERE IF MAKING CHANGES

CR2E004 (1/02)