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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90112 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J74561

1. Corporation Name

WOMEN'S HEALTH SPECIALISTS, M.D., P.A.

Principal Place of Business

44 LAKE BEAUTY DR
SUITE 400
ORLANDO FL 32806
US

Mailing Address

P.O. BOX 568797
44 LAKE BEAUTY DRIVE
ORLANDO FL 32856
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1987

4. FEI Number

59-2805184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2876 S. OSCEOLA AVE.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

24 32806

Country

25 USA

2a. Mailing Address

26 2876 S. OSCEOLA AVENUE

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32806

Country

30 USA

9. Name and Address of Current Registered Agent

NELSON, ELIZABETH
44 LAKE BEAUTY DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

NELSON, ELIZABETH

82 Street Address (P.O. Box Number is Not Acceptable)

2876 SOUTH OSCEOLA AVENUE

83

84 City

ORLANDO

FL

85 Zip Code

32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
NELSON, ELIZABETH M.D.
44 BEAUTY LAKE DR STE 400
ORLANDO FL

☐ DELETE

SD
ENRIQUEZ, SONIA MD
44 BEAUTY LAKE DR STE 400
ORLANDO FL

☐ DELETE

V
WHITE, IMOGENE F. M.D
44 LAKE BEAUTY DR STE 400
ORLANDO FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2876 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806

☐ Change

☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

2876 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806

☐ Change

☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

2876 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806

☐ Change

☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with a father like empowered.

SIGNATURE:

Elizabeth Nelson, M.D. 04/20/99 (407)422-2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)