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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**

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.**

2a. Mailing Address  
**26 2876 S. OSCEOLA AVENUE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**ORLANDO, FL**

28 City & State  
**ORLANDO, FL**

24 Zip **32806** 25 Country **USA**

29 Zip **32806** 30 Country **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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD NELSON, ELIZABETH M.D.**  
 STREET ADDRESS **44 BEAUTY LAKE DR STE 400**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE  
 NAME **SD ENRIQUEZ, SONIA MD**  
 STREET ADDRESS **44 BEAUTY LAKE DR STE 400**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE  
 NAME **V WHITE, IMOGENE F. M.D**  
 STREET ADDRESS **44 LAKE BEAUTY DR STE 400**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **2876 SOUTH OSCEOLA AVENUE**  
 1.4 CITY-ST-ZIP **ORLANDO, FL 32806**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **2876 SOUTH OSCEOLA AVENUE**  
 2.4 CITY-ST-ZIP **ORLANDO, FL 32806**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **2876 SOUTH OSCEOLA AVENUE**  
 3.4 CITY-ST-ZIP **ORLANDO, FL 32806**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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. 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)