

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 08:00 AM
Secretary of State

DOCUMENT # J74561

1. Entity Name
 WOMEN'S HEALTH SPECIALISTS, M.D., P.A.

Principal Place of Business 2876 S OSCEOLA AVE ORLANDO FL 32806 US	Mailing Address 2876 S OSCEOLA AVE ORLANDO FL 32806 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-2805184

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NELSON, ELIZABETH 2876 S OSCEOLA AVE ORLANDO FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **09/08/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE IMOGENE F. M.D.			NAME			
STREET ADDRESS	2876 S OSCEOLA AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENRIQUEZ, SONIA MD			NAME			
STREET ADDRESS	2876 S OSCEOLA AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, ELIZABETH M.D.			NAME			
STREET ADDRESS	2876 S OSCEOLA AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806			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: Elizabeth D. Nelson, M.D. PD 09/08/2000