

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90312 050 ***150.00

UBR0000

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2805184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 Numbers Not Acceptable)
City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Elect on Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD NELSON, ELIZABETH M.D. 2876 S OSCEOLA AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD ENRIQUEZ, SONIA MD 2876 S OSCEOLA AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WHITE, IMOGENE F. M.D. 2876 S OSCEOLA AVE ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **19 APR 01** (407) 422-2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE: _____

CR2E034 (10/00)