

2001 UNIFORM BUSINESS REPORT (UBR)

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

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DOCUMENT # J74561

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

Principal Place of Business Mailing Address
2876 S OSCEOLA AVE **2876 S OSCEOLA AVE**
ORLANDO FL 32806 **ORLANDO FL 32806**
US **US**



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: **\$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: _____ State: _____ 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. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: _____ DATE: **19 APR 01** (407) 422-2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Telephone

CR2E034 (10/00)