

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-27-2002 90326 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J 74 661**

1. Entity Name

Women's Health Specialists, M.D., P.A.

DO NOT WRITE IN THIS SPACE

98022

2. Principal Place of Business

2876 S. Osceola Ave

Suite, Apt. #, etc.

3. Mailing Address

2876 S. Osceola Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2805184

Applied For

Not Applicable

Zip

32806

Country

Orange

Zip

32806

Country

Orange

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Elizabeth D Nelson**

Street Address (P.O. Box Number is Not Acceptable) **2876 S. Osceola Ave**

City **Orlando**

FL

Zip Code **32806**

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PO**
NAME **Nelson, Elizabeth, M.D.**
STREET ADDRESS **2876 S. Osceola Ave**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary**
NAME **Enriquez, Sonia, M.D.**
STREET ADDRESS **2876 S. Osceola Ave**
CITY-ST-ZIP **Orlando, FL 32806**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonia Enriquez

Sonia Enriquez, M.D., Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/18/02 (407)422-2641

Daytime Phone #

CR2E034B (12/01)