

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90968 001 \*\*\*150.00

**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**



2. Principal Place of Business  
**100 W. Gore St.**

3. Mailing Address  
**100 W. Gore St.**

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.  
**Ste. 400**

Suite, Apt. #, etc.  
**Ste. 400**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**59-2805184**

Applied For  
 Not Applicable

Zip Country  
**32806 USA**

Zip Country  
**32806 USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NELSON, ELIZABETH  
2876 S OSCEOLA AVE  
ORLANDO FL 32806**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100 W. Gore St.  
Suite 400**  
City **Orlando** FL Zip Code **32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, ELIZABETH M.D.</b>	
STREET ADDRESS	<b>2876 S OSCEOLA AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ENRIQUEZ, SONIA MD</b>	
STREET ADDRESS	<b>2876 S OSCEOLA AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>100 W. Gore St., Ste. 400</b>	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>100 W. Gore St., Ste. 400</b>	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **29 Apr 03**  
Daytime Phone # **407-222-2001**

CR2E034 (10/02)