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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J98281

1. Corporation Name
BAY AREA WOMEN'S CARE, INC.

Principal Place of Business

1055 SO. FT. HARRISON
 CLEARWATER FL 33756
 US

Mailing Address

1055 SO. FT. HARRISON
 CLEARWATER FL 33756
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1987

4. FEI Number

59-2845189

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.



Yes ☐ No ☐

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29

Zip

Country

9. Name and Address of Current Registered Agent

PETERFREUND, DAVID O MD
1055 SO. FT. HARRISON
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V**
ST. JOHN, PATRICIA A.
 STREET ADDRESS **304 MAGNOLIA DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **P**
PETERFREUND, DAVID O.
 STREET ADDRESS **1202 PALMVIEW AVE.**
 CITY-ST-ZIP **BELLAIR FL**

TITLE ☐ DELETE

NAME **TS**
JENSEN, JEFFERY
 STREET ADDRESS **14111 KENSINGTON OAK PL**
 CITY-ST-ZIP **LARGO FL**

TITLE ☒ DELETE

NAME **VP**
WEIBLE, DELL
 STREET ADDRESS **1208 SUNSET DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Daytime Phone #

CR2E034 (11/98)