

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004663

1. Entity Name

WOMEN'S HEALTH SOLUTIONS, LLC

Principal Place of Business

2250 OSPREY BLVD
BARTOW FL 33830

Mailing Address

2250 OSPREY BLVD
BARTOW FL 33830

2. Principal Place of Business

2250 Osprey Blvd

Suite, Apt. #, etc.

Suite 102

City & State

Bartow, FL

Zip

33830

Country

USA

3. Mailing Address

2250 Osprey Blvd

Suite, Apt. #, etc.

Suite 102

City & State

Bartow, FL

Zip

33830

Country

USA

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPPER, J. BRIAN
2250 OSPREY BLVD
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

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

2250 Osprey Blvd

Suite 102

City

Bartow

FL

Zip Code

33830

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

500004623915--3
-10/04/01--01069--011
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
J. Brian Hopper, MD
President
2250 Osprey Blvd suite 102
Bartow, FL 33830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

J. Brian Hopper, MD

9/15/01

863-804
0888

CR2E083 (5/01)