

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L73782**

1. Entity Name

WOMEN'S HEALTH CARE OF ST. AUGUSTINE, P.A.**FILED**
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90107 005 ***150.00

Principal Place of Business

Mailing Address

--- HEALTH PARK BLVD
SUITE 215
AUGUSTINE FL 32086201 HEALTH PARK BLVD
SUITE 215
ST. AUGUSTINE FL 32086-5797
US

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

65-0196448

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

--- RICE, FREDERICK L.
5611 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ DeletePD
NAME DUPREE, ROBERT E., JR.
STREET ADDRESS 166 HERON'S NEST LANE
CITY-ST-ZIP ST. AUGUSTINE BCH FLTITLE ☐ DeleteST
NAME DUPREE, DIANE L.
STREET ADDRESS 166 HERON'S NEST LANE
CITY-ST-ZIP ST. AUGUSTINE BEACH FLTITLE ☐ DeleteAS
NAME YARIAN, SUSAN E.
STREET ADDRESS 1308 SHORE DRIVE
CITY-ST-ZIP ST AUGUSTINE FLTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-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: Dr. Robert E. Dupree, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 825-3629

Daytime Phone #