

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90292 048 ***150.00

816324



DO NOT WRITE IN THIS SPACE.

DOCUMENT # L73782.			
1. Entity Name WOMEN'S HEALTH CARE OF ST. AUGUSTINE, P.A.			
Principal Place of Business 201 HEALTH PARK BLVD SUITE 215 ST. AUGUSTINE FL 32086 US		Mailing Address 201 HEALTH PARK BLVD SUITE 215 ST. AUGUSTINE FL 32086 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RICE, FREDERICK L. 5611 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207		4. FEI Number 65-0196448 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	DUPREE, ROBERT E., JR.		
STREET ADDRESS	166 HERON'S NEST LANE		
CITY-ST-ZIP	ST. AUGUSTINE BCH FL		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	DUPREE, DIANE L.		
STREET ADDRESS	166 HERON'S NEST LANE		
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL		
TITLE	AS	<input type="checkbox"/> Delete	
NAME	YARIAN, SUSAN E.		
STREET ADDRESS	1306 SHORE DRIVE		
CITY-ST-ZIP	ST AUGUSTINE FL		
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			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP	St. Augustine, FL 32080		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP	St. Augustine, FL 32080		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP	32080		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PULSFUS, ERIC		
STREET ADDRESS	153 Marshside Drive		
CITY-ST-ZIP	St. Augustine, FL 32080		
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			
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: ROBERT E. DUPREE, JR. 2/26/01 904 825-3629			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)