

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**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**



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0196448** Applied For  
Not Applicable

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

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

**RICE, FREDERICK L.  
6944 LA MESA DR, W  
JACKSONVILLE, FL 32217**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DUPREE, ROBERT E., JR.  
STREET ADDRESS 437 MARSH POINT CIRCLE  
CITY-ST-ZIP ST AUGUSTINE, FL 33080

TITLE ST  
NAME DUPREE, DIANE L.  
STREET ADDRESS 437 MARSH POINT CIR  
CITY-ST-ZIP ST. AUGUSTINE, FL 33080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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03/21/07-80017-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROBERT E. DUPREE, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/4/07 904 825-3629**