

2000 UNIFORM BUSINESS REPORT (UBR)

0009659 AF

DOCUMENT # **L99000000304**

1. Entity Name
WOMEN'S MEDICAL CENTRE OF FLORIDA, L.L.C.

FILED *LR 3/22*
00 MAR 13 AM 9:18
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business: **200 CENTRAL AVENUE, SUITE 1600, ST. PETERSBURG FL 33701**
 Mailing Address: **311 NORTH CLYDE MORRIS BLVD., SUITE 180, DAYTONA BEACH FL 32114-2756**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State	City & State	Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CARBIENER, PAMELA P 311 NORTH CLYDE MORRIS BLVD., SUITE 180 DAYTONA BEACH FL 32114				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBIENER, PAMELA P		NAME		
STREET ADDRESS	311 NORTH CLYDE MORRIS BLVD., SUITE 180		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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*******50.00 - *****50.00**

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 REQUIRED *3/6/00* *904-252-4701*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)