

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001496

1. Entity Name

WELL WOMEN, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90015 039 ****70.00

Principal Place of Business

4341 SHERWOOD ROAD
JACKSONVILLE FL 32210

Mailing Address

P. O. BOX 380105
JACKSONVILLE FL 32205-9266

80020812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5345 ORTEGA BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 5

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3706142

Applied For

Not Applicable

Zip

32210

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, LELLA S	
STREET ADDRESS	4125 SAN JUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, SUSAN F	
STREET ADDRESS	4341 SHERWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, REBECCA B	
STREET ADDRESS	2732 BEAUCLERC RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, BETTY	
STREET ADDRESS	4341 SHERWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURK, PATRICIA REV.	
STREET ADDRESS	4341 SHERWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, KEN REV.	
STREET ADDRESS	4341 SHERWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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:

Signature Required

LELLA S. DEAN
PRESIDENT

1/14/2002

904-384-9654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)